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BOROUGH OF POOLE.

Annual Report

FOR 1931

ON THE

Health and Sanitary Circumstances of the Borough

BY

R. J. MAULE HORNE,

M.A., M.B., Ch.B., B.Sc., D.P.H.,
Medical Officer of Health,
School Medical Officer,
Port Medical Officer,
etc.

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Borough and County of Town of Poole

ANNUAL REPORT

For the Year 1931

ON THE

HEALTH AND SANITARY CIRCUMSTANCES OF THE BOROUGH & PORT OF POOLE

AND OF THE

SCHOOL MEDICAL SERVICE OF THE BOROUGH

BY

R. J. MAULE HORNE,

M.A., (Hons.), M.B., Ch.B., B.Sc., D.P.H.

Medical Officer of Health School Medical Officer
Port Medical Officer
Medical Superintendent, Borough Isolation Hospitals
Medical Officer for Maternity and Child Welfare
Director, Public Health Laboratories.

PART I ... PUBLIC HEALTH.
PART II ... PORT SANITATION.
PART III ... MATERNITY AND CHILD WELFARE.
PART IV ... SCHOOL MEDICAL SERVICE.

PART I.

Public Health.

PUBLIC HEALTH COMMITTEE, 1931.

THE WORSHIPFUL THE MAYOR :
ALDERMAN J. A. ROGERS.

Chairman :
COUNCILLOR C. GREY-EDWARDS.

Vice-Chairman :
COUNCILLOR MISS C. H. J. PATERSON, J.P.

Aldermen :

F. J. BACON, J.P.
H. S. CARTER, J.P.
J. C. W. JULYAN, J.P.

Councillors :

J. BRIGHT
D. A. HAYNES
F. C. REEVES
W. G. FRY
W. G. HECKFORD
H. Y. SALKELD, D.S.O.
W. J. STICKLAND.

PUBLIC HEALTH DEPARTMENT.

STAFF :

Medical Officer of Health		§R. J. Maule Horne, M.A.(Hons.), M.B., Ch.B., B.Sc., D.P.H.
Assistant Medical Officer of Health		†G. Chesney, M.B., Ch.B., B.A.O., D.P.H., Cert.T.M. & H.
Sanitary Inspectors and Inspectors under Diseases of Animals Acts	Poole	§P. W. Wheeler, Cert.R.S.I., M.S.I.A.
	Branksome	§C. A. Trim, Cert.R.S.I., M.S.I.A.
	Longfleet	§J. Power, Cert.R.S.I., M.S.I.A.
	Parkstone	§†A. E. Hollox, Cert. R.S.I., M.S.I.A.
Matron, Borough Isolation Hospitals		Miss A. Brown, S.R.N.
Health Visitors and School Nurses		*Miss A. L. Hooper, C.M.B., A.R.S.I.
		*†Miss L. B. Lever, C.M.B., R.F.N., S.R.N.
		*Miss C. C. Mount-Batten, C.M.B., S.R.N.
		*Mrs. H. I. Partridge, C.M.B., Cert.R.S.I.
		*Miss B. A. Sydenham, Cert. Nurse
Chief Clerk		*F. B. Edwards
Clerks		Miss I. E. Tapper
		*Miss I. D. Maynard
		J. H. Player
Laboratory Assistant		D. W. Rogers
Sanitary Inspectors' Assistants		J. Blunden
		†V. B. Jenkins
		A. R. Tarrant
		†W. E. C. Wellman

CONSULTANT AND PART-TIME SPECIALISTS.

Obstetrical Consultant	†S. Gordon Luker, M.A., M.D., B.Ch. (Cantab), M.R.C.P. (Lond.), F.R.C.S. (Ed.)
Ophthalmic Surgeon	Alex Stables, M.B., C.M.
Nose and Throat Surgeon	C. Salkeld, B.A. (Lond.), M.B., B.S. (Durham)
Radiologist	D. D. Malpas, M.R.C.S., L.R.C.P
Anaesthetist	J. C. A. Norman, M.R.C.S., L.R.C.P.
Dental Surgeons	L. B. Myers, L.D.S., M.B.E.
	R. G. S. Holmes, L.D.S.
Public Analysts	C. G. Moor, M.A., F.I.C.
	W. Partridge, F.I.C.
Veterinary Surgeon	J. S. Wood, M.R.C.V.S.

Note ; † Increases to staff during the past five years.
* Contributions to Salary by Exchequer.
§ Contributions to Salary by County Council.

PREFACE.

To the Mayor, Aldermen and Councillors of the Borough of Poole.

I have the honour to present my Eleventh Annual Report on the General Health and Sanitary Condition of the Borough.

I have previously alluded to the important responsibilities devolving upon you as the Council of one of the most vigorous and rapidly developing towns in the Country.

Poole is now one of the 118 *"Great Towns" of England, there being only four others in the South Western area of the Country, viz., Bath, Exeter, Plymouth and Swindon.*

The reputation of Poole as a Resort is confirmed by record of long standing, so that a "Press Report" of 1765 *to the effect that "Numbers of people resort hither to bathe in the salt-water for which this place is very commodious" appears relatively modern.*

If we add to this the recognition that between the Census of 1921 *and that of* 1931, *the population of the town has increased more than any other large town outside the greater London area, viz., by* 31.2 *per cent., it will be realised that your duties in safeguarding Public Health and Hygiene are of no light nature.*

It will suffice here if I summarise a few of the points dealt with in the succeeding pages, viz :—

(1) *The great increase in the population, of* 14,000 *in* 10 *years.*

(2) *The continued activity of house-building, and the consequent problems of Sanitation.*

(3) *The reduction of Cesspool Drainage.*

(4) *New proposals for the control of infectious deseases.*

(5) *The increase of Shipping and improvement of transport facilities.*

(6) *The new record in the saving of infant life, and the total abolition of Ophthalmia.*

(7) *The fight against Diphtheria by Immunisation.*

(8) *The improved School attendance.*

I have again to thank the Chairman and Members of the Committees, the Heads of other Departments, and my entire staff, Office, Out-Door and Hospital, for their continued co-operation and support.

I am,
Your obedient Servant,
R. J. MAULE HORNE.

Poole, June, 1932.

GENERAL STATISTICS.

(1) *Area of Borough.* 7,964 acres (12½ square miles), not including 2,220 acres (3½ square miles) of tidal waters and foreshore.

(2) *Population* : (*a*) As at Census of 1/4/1921	43,649
As at Census of 1/4/1931	57,258
(*b*) Estimated by Registrar General as at 1/6/1931 ...	56,780
(*c*) Estimated to 31/12/1931	58,000
Total Number of Houses (as at Census, 1921) ...	9,400
Total Number of Inhabited Houses (as at Census, 1921)	9,044
from Rate Books, December 1931,	14,150
Number of Houses completed between 1921 and 1931	5,162
Number of Families or Separate Occupiers (1921)	10,350

	1930	1931
(3) *Rateable Value* :	£455,754	£461,327
Sum represented by a Penny Rate : ...	£1,843	£1,922
Rate Cost of Services :		
Infectious Hospitals	2.3d.	1.9d
Prevention of Disease	.4d.	.3d.
Salaries	.5d.	.6d.
Sewerage and Sewage Disposal ...	6.4d.	7.2d.
Collection, etc., of Refuse	5.9d.	6.6d.
Public Baths and Washhouses ...	.1d.	.3d.
Parks and Open Spaces	3.8d.	2.8d.
Public Conveniences	.3d.	.4d.
Food and Drugs Acts	.04d.	—
Building Inspection	.5d.	.6d.
Port Sanitary Service	.1d.	.1d.
Maternity and Child Welfare ...	.3d.	.5d.
School Medical Service	1.9d.	1.6d.

(1) *Area of Borough.* The Local Government Act of 1929 is leading to many changes of boundary generally throughout the country, especially where progressive municipalities have adjacent to them Rural Districts with "islands" of urban advancement, willing but handicapped from the point of view of up-to-date local administration.

For this Borough, there are prospects of considerable extension in acreage, carrying with it a relatively small increase in population.

The acreage and estimated population of the probable areas referred to are :—

	Acreage.	*Population* (*est.*)
Parish of Canford Magna, including Broadstone ...	7,677	2,985
Part of Parish of Lytchett Minster	723	410

This, however, is not directly a concern of the present year's Report, which therefore covers the same area as in 1930.

(2) *Population.* In the ten years prior to the Census of 1921, the population of the Borough increased by 4,764 inhabitants.

To the population of 1921, viz., 43,649 the Registrar General made changes as follows :—

			Houses completed.
In 1922	—	399	145
1923	+	610	227
1924	+	1290	519
1925	+	1000	621
1926	+	3000	574
1927	+	1880	499
1928	+	1910	514
1929	+	930	589
1930	+	2280	704
1931 (mid-year) ...	+	630	600
	+	13,131	5,162

Giving a population as at June, 1930 of (circa) 56,780

A comparison of this estimated annual fluctuation in population with the housing activities as given over the same period is interesting, and will be referred to again under Population and Housing.

It is an interesting point in the history of urban development, that when a Census was taken in 1804 (under the Defence of the Realm Act, 1803), the inhabitants of Poole were found to total 3,952.

PHYSICAL FEATURES.

The Borough of Poole occupies the extreme South-East corner of the County of Dorset, and is the largest Town in the County. The extreme width from East to West is about 7 miles, and from North to South about 4 miles.

The plateau of Parkstone and Branksome behind the older parishes of Poole, Longfleet and Hamworthy, rises sharply at Constitution Hill and Newtown in the West, and continues East to Canford Cliffs, Branksome Park, and the Eastern boundary of the Borough, which is also the County Boundary between Dorset and Hampshire.

As to geological formation, the parish of St. James is situated in alluvium ; that of Hamworthy on valley gravel, Bagshot beds and plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome, the geological stratum is mainly the Bagshot beds of sand, brick-earth, pipe-clay, and lignite, with many pockets of plateau gravel. The Reading beds, lying below the above-mentioned strata, separate them from the chalk, which, although it comes to the surface a few miles North of the town, does not outcrop within the Borough.

The extensive enclosed waters of the Harbour, sheltered themselves by the Purbeck Hills, exert a controlling influence on the temperature, rendering the surrounding areas cool in summer and tempering the cold in winter. Hence the Town escapes many of the damp sea mists to which the coast line is subject.

The dependability of its general climatic conditions is now being more fully recognised, and the Town is rapidly increasing in popularity as an all-the-year-round Health Resort, especially by people who have spent many years in tropical or sub-tropical countries.

An abundance of pine woods serves to maintain and to enhance the value of an equable climate, and to give the district a high claim as a recuperative centre for those liable to Bronchitis and Asthma.

The quite exceptional rate of development which has been a marked feature of the last ten years also unfortunately brings with it the threat of diminution of the pine-clad areas. It should therefore be the desire and the practice of every owner of ground in the Borough—and the Corporation itself is a land-owner—to see that no tree be sacrificed where this can reasonably be avoided, knowing that the Town will be for ever the poorer. The Hills and the Harbour may be said to defy time ; but if Poole will maintain its pride, it must preserve its pines.

It is interesting to record that only about thirty years ago the first blades of rice grass (Spartina Townsendii), which now covers some square miles of the Harbour, were found there. As a natural shore-binder this grass is of considerable value, and is being elsewhere used as an assistant in reclaiming low-lying foreshore land.

A small stream—the Bourne—rises in the northern part of the Borough, and flows out to sea through the ornamental gardens of Bournemouth. It is not polluted by sewerage, although in part of its course it is not far removed from dwelling-houses. It is in process of being culverted in part, and where left open its banks and proximity are receiving full artistic consideration under the Town Planning Scheme.

Another stream runs down through the Branksome Chine, arising from a spring in the centre of Branksome Park. This has now been transformed throughout its course into a fascinating park belt.

SUNSHINE AND RAIN.

For many years the value of a Health Resort has been largely gauged by its daily sunshine, as recorded by the sun's direct light on sensitized paper. Modern investigation, however, is upsetting old theories, and now a much more valuable estimate of the health-giving value of the sky over an area is obtained by recording the actual strength of the "ultra-violet" rays of the vault, as they reach the earth's surface. It is, in short, this "irradiation" of the earth which makes life possible, which gives the land its "green-coat," and which determines Nature's normal standards.

If we obstruct these ultra-violet rays in their passage towards the living body, the body suffers either by rickets, anaemia, or some other fault of "deficiency." Therefore, the less we allow these rays to be obstructed or filtered away by our surroundings, such as metal, wood, smoke, dust, glass, clouds, and other ray-dense substances, the more will we benefit physically.

It is estimated that, while industrial furnaces make soot to about ½ per cent., domestic coal fires give off about 5 per cent. of the weight of coal burned, and that during fine weather a cubic centimetre of Town air contains 2,000 particles of extraneous matter. In other words, for every 1,000 tons of bituminous coal burned, over 6.5 tons of "grit" come down to earth again, 25 gallons of tar, and 67 gallons of acids.

Industry has for some time realised that smoke is simply wasted fuel, and it must be seriously admitted that the chief offender against the purity of the atmosphere in this respect is now the private consumer, and that the most actively destructive ingredient in the impurity is sulphur and its acids.

In May, 1928, the Public Health Department of Poole commenced recording the "irradiation value" of the sky over the Town. In 1929, the average monthly strength in units was 4.67, in 1930 3.06 units, in 1931 2.07 units.

Fluctuations of temperature are also of importance to the seeker after health. In Poole, the mean Summer and Winter temperatures differed in 1929 by 11.8 degrees, in 1930 by 12.2 degrees, and in 1931 by 12.1 degrees. The monthly mean minimum temperature throughout the year was 44.4 degrees.

The average Rainfall for the Town is 31 inches. In 1931 measurable rain fell on 176 days, the total amount reaching the top of the plateau being 28.15 inches. In 1930, the total was 30.09 inches on 195 days. The seaward slopes of the Town receive from two to three inches more, the prevalent winds coming from South West.

A Climatological Station is being established as an integral part of the new Municipal Buildings in the centre of the Town. This Station will issue daily weather reports for public information and guidance.

LOCAL CONDITIONS, OCCUPATIONS AND INDUSTRIES.

There is no definitely industrial "Zone" in the Town, except inasmuch as trade seeks sea-borne or rail-borne facilities. The Pottery, Brick and Tile industries locate themselves where the appropriate natural material offers itself. A portion of the Borough still retains a semi-rural character, but building developments are rapidly changing the aspect.

Industrial employment is found chiefly in the Pottery, Brick, Earthenware and Tile manufacture, the engineering trades, building and associated trades, timber yards, fishing and dock labouring, Gas Works, etc. At the Branksome end of the Borough a considerable element of the residents find employment in the neighbouring County Borough of Bournemouth.

Unskilled labour—quayside and general—forms a larger percentage than is desirable. A low wage-earning capacity militates against an improved social standard—with consequent hardships in health and in disease.

UNEMPLOYMENT AND RELIEF.

Inasmuch as Poole is to some extent an industrial Town, as well as having the features of a Coast Resort, fluctuations in employment are of two kinds, the one periodic, dependent upon general industrial conditions, and the other seasonal, as is found in most Seaside and Health Resorts. From this it results that the minimum of unemployment is seen more often in the summer months.

For the five-year period 1926-1930, the condition of the labour market is shown below.

Year.	Average of Unemployment	Unemployment as at December	Relief as at December
1926	625	625	1206
1927	492	896	1609
1928	700	913	1320
1929	634	1066	1239
1930	788	1194	1349
Annual Average	645	939	1345
1931	1355	1723	1334

It will be noticed that the fluctuation in the unemployment figures from year to year does not appear to influence directly to any appreciable extent the figures representing those receiving relief in some form at the hands of the Guardians Committee.

It is interesting to note that at the end of 1913, i.e. the last pre-war year, the number in receipt of relief in some form was 1452, in a population 20,000 less than it is to-day.

PUBLIC PARKS AND RECREATION GROUNDS.

Apart from the extensive and picturesque sands and sea-front, the Borough is well supplied with open spaces, which act as " lungs" for the use of the General Public. These are

Poole Park	42 acres.
Branksome Dene	12½ ,,
Ladies' Walking Field ...	9 ,,
Wimborne Road	13 ,,
Green Park, Longfleet ...	1 ,,
Constitution Hill	7 ,,
Parkstone Park	3 ,,
Jubilee Road	¾ ,,
Alexandra Park	7 ,,
Compton Acres	2 ,,
Evening Hill, Lilliput ...	3½ ,,
Canford Cliffs	12 ,,
Sandbanks	12 ,,
Hamworthy Park	18 ,,
Hamworthy Recreation Ground ...	16½ ,,
Coy Pond Gardens	6¾ ,,
Bourne Vale Recreation Ground ...	22 ,,
Marline Road	2½ ,,
Branksome Chine Gardens ...	22 ,,
Branksome Chine	25 ,,
Widdicombe Recreation Ground ...	2 ,,

These are provided with organised recreational facilities as follows :—

Football Pitches.		
Hamworthy Recreation Ground ...	3	
Ladies' Walking Field ...	2	
Wimborne Road	1	
	—	6
Hockey Pitches.		
Poole Park	2	
Wimborne Road	1	
	—	3
Rugby Pitch.		
Hamworthy Recreation Ground ...	1	
	—	1
Net Ball Pitches.		
Poole Park	1	
Wimborne Road	1	
	—	2
Cricket Pitches.		
Poole Park	2	
Wimborne Road	1	
Grammar School ...	1	
	—	4

Tennis Courts.

Poole Park ...	3 Grass	2 Hard	
Canford Cliffs ...	2 ,,		
Branksome Park ...	2 ,,	3 ,,	
			12

Bowling Greens.

Poole Park ...	2	
Alexandra Park	1	
Branksome Park	1	
	—	4

Children's Gymnasia.

Ladies' Walking Field	Swings and See-saws.
Alexandra Park ...	do.
Hamworthy Recreation Ground	do.

Putting Greens.

Poole Park ...	1 nine-hole.
Sandbanks ...	1 nine-hole.

VITAL STATISTICS.

Quinquennial figures under several headings from 1885 onwards are given in Table A.

For the last five-yearly period, details are enumerated for comparison below :—

Year.	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
		Birth Rate.	Marriage Rate.	Crude Death Rate.	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate.
1926	53.4	17.5	16.3	11.25	1.62	0.94
1927	58.1	17.5	16.0	12.30	1.45	0.71
1928	50.2	17.3	15.1	11.92	1.42	0.61
1929	46.3	16.8	16.8	13.16	1.50	0.56
1930	57.6	16.7	15.4	12.39	1.87	0.87
Average for Poole ...	53.1	17.2	15.9	12.2	1.57	0.74
1931						
Poole ...	43.2	15.8	16.5	12.5	1.81	0.84
England & Wales ...	66.0	15.8	15.6	12.3	1.48	0.74

Where contrast with the country as a whole is possible, it will be noticed that in Poole the infantile mortality shows a much greater relative decrease, the birth rate, which was below the standard, is now above it, the crude death rate remains stationary.

For 1931, in detail, the particulars are set out below :—

		Total.	*Male*	*Female.*	
Live Births	Legitimate	867	449	418	Birth Rate : 15.85
	Illegitimate	35	18	17	
Still Births	Legitimate	34	21	13	Rate per 1,000 total births 44.4
	Illegitimate	6	3	3	
Deaths	... ...	709	334	375	Death Rate : General 12.49 Corrected 10.54

Percentage of Total Deaths occurring in Public Institutions ... ... 18 per cent.

Maternal Deaths. Number of women dying in or in consequence of childbirth :—
(a) from Sepsis 1
(b) from other causes 6

Infantile Death, or deaths under 1 year per 1,000 live births :
(a) Legitimate 35 Rate : 40 Combined
(b) Illegitimate : 4 Rate : 114 rate 43.2

Neo-Natal Deaths, or deaths under 4 weeks, per 1,000 live births 17.7
Deaths from Measles (all ages) : ... —
Deaths from Whooping Cough (all ages) ... 13
Deaths from Diarrhoea (under 2) : ... —

The following statistics are based on the Registrar-General's estimate of the population at mid-year 1931 of 56,780 inhabitants.

The Birth Rate was 15.85 per 1,000 of the population and is steadily falling. For the country as a whole the rate was 15.80. The greater Towns and County Boroughs have a higher rate of 16.1, the smaller Towns having 15.6

The Infantile Death Rate. This is discussed in detail in the section of the Report dealing with Maternity and Child Welfare. The rate of deaths per 1,000 live births rose in 1930 to 57.6. In 1931 it was 43.2. For England and Wales as a whole, the 1931 infantile death rate was, in the great Towns, 70, in the smaller Towns 62, with an average of 66.

The Marriage Rate. For 1931 this was 16.5 per 1,000 of the population, as compared with 15.4 in 1930.

The Death Rate. The general death rate for the year was 12.49, as compared with 12.39 for 1930. For the whole country the death rate was 12.3, which is .8 above the rate of 1930.

Speaking generally, in an essentially residential district like Poole, the influx of population tends to be elderly : to a busy manufacturing centre, a younger adult life is attracted. This factor helps to keep the death rate high in the former case.

In an industrial town, the proportion of population which reaches the age of 65 years is about 33 per cent. of the whole. In Poole, of all deaths during recent years, over 40 per cent. have exceeded that age, and in 1931, 53.74 per cent.

In estimating what is described as the Corrected Death Rate for Poole, the Registrar General makes an allowance for any abnormal "age distribution" of the population, and also for the "sex distribution," which shows the death rate in a more favourable light, when these two modifying factors are taken into account.

The resulting death rate is actually 10.54 per 1,000 of the population. This method of gauging the relative healthiness of a district is more accurate than by reference to the General Death Rate.

The Cancer Death Rate. The total deaths from malignant disease in 1931 were 103, which gives a death rate of 1.81 per 1,000 inhabitants. In 1930, the figure was 1.87. For England and Wales in 1931, the figure is 1.48.

Deaths from Pulmonary Tuberculosis numbered 48. The resulting rate is .84 per 1,000 of the population, the figure for England and Wales being .74.

WATER SUPPLIES.

The main water supply for the district is provided by the Corporation Waterworks at Corfe Mullen, about 6 miles N.W. of the Town. A section of the population, numbering about 9,000, at the East end of the Borough, is supplied from the reservoirs of the Bournemouth Gas & Water Company.

Prior to the year 1910, the Town obtained its supplies from reservoirs in the Waterloo, Lilliput, Alderney and Springfield districts of the Borough. In 1906 the Corporation decided to purchase these works, which were the property of the Poole Waterworks Company.

In 1910, the old supply was entirely replaced by the purer water from the Corfe Hills. In 1919, a mechanical chlorinating plant was installed, and a scheme of improvement and extension was commenced at a cost of £82,000, to meet the needs of the rapidly growing population of the Borough, of Broadstone, Corfe Mullen and Lytchett, and of other outlying districts within the limits of supply.

Over 7 miles of new water mains have been laid.

The water maintains an excellent and consistent standard of bacterial purity. The only defect is that, like all other chalk waters, it is rather hard.

A complete chemical analysis of the water was made in 1930, with the following result :—

Chemical results in parts per 100,000

Turbidity :	Clear and bright.
Colour :	Normal.
Odour :	Nil.
Reaction pH.	Neutral 7.6.

Free Carbonic Acid ...	—	
Electric Conductivity at 20° C. :	460	
Total Solids, 180°C. : ...	30.5	(grains per gallon, 21.5)
Chlorine in Chlorides : ...	2.3	(,, ,, ,, 1.61)
Nitrogen in Nitrates : ...	0.16	(,, ,, ,, 0.11)
Nitrates :	Absent.	
Hardness, permanent : ...	3.0	(grains per gallon, 2.1)
temporary ...	20.0	(,, ,, ,, 14.0)
Total : ...	23.0	(,, ,, ,, 16.1)
Metals :	Very minute trace of Iron—0.005	
Free Ammonia :	0.0008	
Albuminoid Ammonia : ...	0.0004	
Oxygen absorbed in 3 hours at 37° C. :	0.0050	

The remarks of the Analyst—Dr. J. F. Beale—on these figures are :—" This is a clear and bright water, of neutral reaction, and hard in character, the hardness being mainly of a 'temporary' nature.

" The water is of a very high degree of organic purity and shows no chemical evidence of undesirable contamination.

" From the chemical standpoint, therefore, we regard the water as pure and wholesome, suitable for drinking and domestic purposes."

The consumption of water supplied by the Borough Scheme in 1931 was 521,566,700 gallons, representing a reduction of nearly 9,000,000 gallons on that of 1930. This includes the outlying districts referred to. It is therefore not easy to deduce an average 'per head' consumption for the Borough.

The system of purification by chlorination provides the Town with water of a high standard of bacterial purity, samples of well and tap water being periodically submitted to examination in the Borough Public Health Laboratories.

The geological strata from which the wells draw the water cause this to be of "hard" quality. It fluctuates about the maximum point of hardness which is considered tolerable as a standard for general use.

The total storage capacity is 6,670,000 gallons, with a pumping capacity of 96,000 gallons per hour.

DRAINAGE AND SEWERAGE.

The actual provision of sewers is in the hands of the Streets and Sewers Committee. The Health Committee is charged with the duty of collection, removal and disposal of night soil.

The rapid housing activities of the Town in the six years, ending 1931, are reflected in the following increased figures for cesspools on the books at the end of each year :—

	No.	*Average cost per Cesspool.*
1926	490	£3 4 6
1927	610	£2 18 0
1928	781	£2 19 6
1929	699	£3 0 0
1930	662	£3 10 5
1931	624	£3 10 6

Sewering schemes under way in 1931 covered 22 of these cesspools. Six of these 22 were actually connected up to the Public Sewers during 1931, and there were in all 50 cesspools in various roads for which sewers were available, still unconnected at the end of the year. 82 new cesspools came on the books during the year.

Roads which it is contemplated to sewer in whole or in part during 1932 (printed in italics on the table appended) should account for about 200 cesspools.

CESSPOOLS, 1931.

District.		Sewer available but cesspools not connected.	No. of cesspools on books.
Alder Road ...	... ...	1	6
Beaconsfield Road ...	... ...	—	10
Brixey Road ...	... ...	6	—
Cornelia Crescent ...	... ...	—	25
Cynthia Road ...	... ...	2	—
Fancy Road ...	... ...	—	6
Foxholes :	Foxholes Road ...	—	7
	Hunt Road ...	—	19
	Cornwell Road ...	—	8
Good Road ...	... ...	6	—
Guest Avenue ...	... ...	—	22
Hamworthy :	*Blandford Road* ...	—	47
	Lake Road ...	—	9
	Lulworth Avenue ...	—	16
	Dawkins Road ...	—	2
	Branksea Avenue ...	—	11
	Carter's Avenue ...	—	5
	Galloway Road ...	—	2
	Hoyal Road ...	—	36
	Balston Road ...	—	1
	Station Road ...	—	4
	The Crescent ...	—	4
	Carried forward	15	240

CESSPOOLS, 1931 (Contd.)

District		Sewer available but cesspools not connected.	No. of cesspools on books.
	Brought forward ...	15	240
Old Wareham Road		—	25
Ringwood Road		5	50
Rosemary Road		10	—
Rossmore :	Fortescue Road ...	—	4
	Marline Road ...	—	3
	Rossmore Road ...	—	13
	Southill Road ...	3	—
	Stanfield Road ...	—	7
St. Clement's Road		—	18
Stanley Green :	*Darby's Lane* ...	—	10
	Dorchester Road ...	3	—
	Oakfield Road Stanley Green Road ...	5	—
	Palmer's Road ...	—	37
Upper Churchill Road		—	10
Wallisdown		—	39
Whitecliff Estate :	*Whitecliff Road* ...	—	20
	Sandbanks Road ...	—	5
Wimborne Road		—	8
Winston Avenue		—	45
Various :	Parkside Road ...	1	—
	Baiter Baths ...	—	1
	Baiter Hospital ...	—	1
	Bond Road ...	—	2
	Branksome Cemetery Lodge	—	1
	Branksome Chine Cafe	—	1
	Bridle Path ...	—	3
	Cuckoo Road ...	—	1
	Chaddesley Road ...	6	—
	Dunstan Lane ...	—	4
	Herbert Avenue ...	—	12
	Poole Park Tea Rooms	1	—
	Mill Lane	—	1
	Upper Road ...	—	2
	Western Road ...	—	1
	Parkstone Congregational Church	1	—
	Alexandra Park ...	—	1
	Manor Avenue ...	—	5
	Evering Avenue ...	—	1
	Cromwell Road ...	—	2
	Sterte Road ...	—	1
Total:		50	574

CLEANSING AND SCAVENGING.

The main services are carried out by the Borough Surveyor's Department, acting under the direction of the Public Health Committee.

In 1924 motor vehicles were first used for this work to reinforce the horsed vans and to deal with the areas more distant from the refuse tips. Five one-ton Ford end-tipping vans were taken into use, but the method of collection was still rather out of date. The area of the Borough is so large that a long haulage is inevitable. The exposed nature of many of the roads, and the fact that the Town is a growing health resort, necessitated the urgent adoption of up-to-date mechanical, low-level loading, automatic-covered vehicles.

Trials were made with the latest types of vehicle. By this means the vehicle most suitable for the district was found and adopted. Five were purchased.

Street cleansing has been expedited and improved by the provision of a "Lacre" motor sweeper. This machine has proved very efficient and economical. A machine brush has also been adopted for attachment to the rear of motor lorries. This is most useful on special occasions, particularly during the autumn to assist in the removal of leaves.

The collection of trade refuse is governed by the following charges :—

	Fishmongers and Butchers.			
(a)	Ordinary collection	charge	15/-	per annum.
	Other Trades.			
(b)	Ordinary collection	,,	7/6	,,
(c)	¼ cart load per week	,,	£2 10s.	,,
(d)	½ ,, ,, ,,	,,	£5	,,
(e)	1 ,, ,, ,,	,,	£10	,,

Limewashing is of valuable assistance in maintaining the cleanliness of courts, enclosed backyards and alleys. It is not only of value in itself, but has a stimulating effect on the surrounding householders, who respond extremely well. The result is that the general condition of these places is distinctly complimentary to the people and to the Town. The work is carried out by the Public Health Department twice yearly.

Opportunity is also taken during the School vacations to disinfect all the Elementary Schools of the Borough.

HOUSING AND POPULATION.

(1) *General observations as to Housing Conditions.*

The older inhabited houses in old Poole belong to the period of 70 and more years ago, when Poole had an important seaborne trade with Newfoundland. Amongst the many smaller houses of the seafaring men and clay workers are found several "merchant prince" houses, which in some cases are now broken up into small houses and houses let-in-lodgings. The great bulk of these older houses were substantially built, and are kept in reasonable habitable condition by careful owners. Parkstone was then more or less a self-contained higher-class residential district—"The Mentone of England"—and still endeavours to maintain this character, against financial difficulty. The houses there are as a rule sound in construction, but in most cases have required modernisation of Sanitary arrangements.

About 50 years ago, building began to extend beyond Longfleet to the plateau of Upper Parkstone, and this area could then be said to become to a certain extent the "dormitory town" for Bournemouth. Bournemouth was growing rapidly, and all available workers in the building trades were required for its development.

It is the smaller house of this period which provides the majority of defects which come to the notice of the Inspectors. These defects do not call for any special reference, and they are not associated with overcrowding.

That Poole is to some extent a "dormitory" town is indirectly seen in the fact that, while in Poole the elementary school child is 1 in 8.4 of the population, in Bournemouth it is 1 in 13.

The districts of Branksome Park, Canford Cliffs and Sandbanks, and part of Parkstone, maintains a high residential standard.

(2) *and* (3). *Sufficiency of Supply of Houses and Overcrowding.*

The particulars of house enumeration, collected for Census purposes in April, 1931, will not be available for some time yet. In the meantime, it must suffice to repeat in brief the deductions made from the information obtained from the previous Census.

After deleting 1,473 houses which indicated some hygienically undesirable condition, it was shown that in 1921 there were approximately 7,297 reasonably habitable and suitable houses for the then population. Subsequently, up to the end of 1931, 5,162 houses, including 600 added during the year, have been completed, giving a total of 13,089. Unless Poole differs materially from the average town, a standard of 4.5 persons per house may be adopted. This gives, theoretically, accommodation for 58,900 people.

The actual 1931 Census figure of 57,258 was modified by the Registrar General to the extent that he estimated Poole's resident population at mid-year 1931 to be 56,780.

As at the end of the year there were a further 203 houses actually under construction, apart from a balance of 90 of a Municipal Scheme of 150 houses not yet commenced, there would appear to be some fallacious element creeping in. Crudely, it would look as if either there is no "overcrowding," or the population is underestimated.

Reference to the Rates Department indicates that at April, 1931, there were 13,910 occupied and 436 unoccupied houses on the books. Six months later, the number of house "voids" was reduced to 363. As 600 houses were built during 1931, the appearance of some fallacy is increased.

The total house figure of 13,089 is obtained on a very conservative basis, after all undesirable conditions of housing have been deducted. Confirmation of this is found in that, of the 62 houses in the clearance areas proposed in the Quinquennial Scheme under the 1930 Act, only 3 can be described as "overcrowded" and the average occupants per house is 4.55.

There is admittedly some shortage of houses available at "reasonable rents." But the Council's desire to rectify this by the provision of small flatted houses at a rent of about 7/- to 8/- weekly has been handicapped by an almost unreasonable local bias against the idea of flats or part flats.

It is difficult to gauge the degree of continuance of the current rapid increase in population, but there is no evidence of relaxation in the construction of dwelling houses, over two-thirds of which each year are of a type suitable for working-class population. The houses completed in 1930—704—formed a record, and in 1931 a further 600 have been completed.

The town has not more than the average difficulty in obtaining sites.

(4) *Fitness of Houses.*

Of the gross total of inhabited houses, 316 have an external water supply only, in 73 cases the supply serving more than one house.

246 houses have pail-closets, and a further 17 have an inadequate water-flushing sanitary accommodation.

(5) *Unhealthy Areas.*

Under the operation of the Housing Act, 1930, for the next 5 years, it is proposed to deal with three areas as "clearance areas."

Site No. 1 is known as Russell Place, and is bounded by Baiter Street on the East, Skinner Street on the South, a disused burial ground on the West, and a public house called "The Royal Oak and Gas Tavern" on the North. It is intersected by a narrow street called Russell Place and by one or two very narrow alleys. Its area is 0.63 acre and there are 42 houses therein, the inhabiants numbering 197.

Site No. 2 lies adjacent to a street called Nile Row and is bounded by that street on the West and by surrounding properties on all other sides. The area of this site is 0.21 acre, and the number of houses therein is 14, accommodating 58 persons.

Site No. 3 is situate in Church Street and is bounded by that street on the West, and by surrounding properties on all other sides. The area is 0.24 acre, the number of houses 6, and the number of occupants 27.

As an argument for the small flat, it is found that, in re-housing these 62 families, a single-bedroomed house will suffice in 10 cases, and a two-bedroomed house in a further 8.

(6) *Bye-Laws.*

Byelaws with respect to Common Lodging Houses were first put into operation in 1851, and were substituted by a new series in 1896, which were further provided for in sections 79—82 of the Poole Corporation Act, 1928.

Byelaws controlling Houses let-in-lodgings were put in force in 1911. Charges at present ruling for empty or partly-furnished rooms have made these byelaws quite inoperative, and a new scale in keeping with present conditions is urgently required.

HOUSES LET IN LODGINGS.

Housing Let-in-Lodgings. Prior to the current high rate of room-rentals, which has rendered the Byelaws with respect to these houses inoperative, there were 8 on the Register.

Common Lodging Houses number three, two in St. James area and one in Branksome. These can accommodate 76 men and are situate :—

24 West Street, Poole	35 beds.
3 Strand Street, Poole	25 beds.
23 Alcester Road, Parkstone	16 beds.

They were visited 82 times.

Poole, as a seaport town, feels the need of a controlled Model Lodging House. It would cater for the visiting seamen, who would be saved from possibly risky associations. It would also provide healthy rest for a certain nomadic element of unskilled labour.

PUBLIC BATH, BATHING AND SWIMMING FACILITIES.

Sea Water. The exceptional facilities for natural sea-bathing provided at Sandbanks are enhanced by one of the finest Bathing Pavilions in the country.

The sea water swimming enclosure adjacent to the Poole Park affords another useful public recreational centre, and is a valuable addition to the attractive open-air undertakings of the Town.

There is also a free open-air tidal swimming enclosure on the foreshore of the Harbour at Baiter, of which full advantage is taken in the summer months.

Fresh Water Baths. These are situated in rather limited space, close to the Guildhall, and consist of five cubicles with lavatory accommodation. Special facilities are provided for Elementary School children, on two days weekly, at a nominal charge of one penny.

The following figures of attendances at the baths for recent years appear to indicate a decreasing use, which may, though probably not appreciably, be influenced by the number of houses with bathroom accommodation which have been built during the same period :—

Year.	Adults.	Children.	Total.
1924	5357	1680	7937
1925	5950	1230	7180
1926	4812	1020	5832
1927	4496	1330	5826
1928	4178	1092	5270
1929	3638	1002	4640
1930	3668	1192	4860
1931	2757	1181	3938

RAT CONTROL.

Poole being a Port, both the rarer Black Rat and the commoner open-air Brown Rat are to be found in the Borough. The obligation to deal effectively with rats falls, under the Rats and Mice (Destruction) Order, 1919, upon the owner or occupier of premises infested with them. To assist in the clearing of premises harbouring these rodents, a charge of 3/6 being made, 147 visits were made for private occupiers in 1931. It is the custom to revisit the premises and grounds the day after baits are laid, to collect unused baits, and every precaution is taken to prevent domestic animals from gaining access to the material used. A leaflet of advice and warning is also delivered at each place dealt with.

The experience gained in dealing with quayside grain stores, etc., agrees with the recommendation of the Ministry of Agriculture and Fisheries, namely, that to get good results, the rat must be treated to an attractive change of diet from that to which it gets ready access.

Wherever poultry food, eggs and young chickens are kept, rats are likely to be attracted. This, combined with the fact that many of the more secluded wooded areas of the Borough are now being cleared for habitation, calls for an appeal to those who keep hen-runs to consider their neighbours who do not. New poultryhouses and chicken-coops should be made rat-proof as far as possible, and the food should be stored in rat-proof receptacles.

The refuse tips of the Borough are still an unfortunate necessity, and a modified evil only in so far as they are assisting to reclaim ground which otherwise is unserviceable. The nature of the tips makes them a happy hunting ground for rats. During the year 9 raids on the tips have been carried out.

Any figures dealing with rat control are bound to be hypothetical, as the actual dead rats openly discovered are not accurate indication of the number that have fallen to the bait. From the following results obtained, however, during the past few years, it may safely be assumed that the rat population is being more than held in check.

While no special feature was made of a Public Rat Week in the Borough, four Sanitary Inspectors' Assistants give part of their time to prevention and destruction of rats throughout the year.

2747 baits were laid on 180 visits to private premises or public places, with a catch of 97 rats.

In addition to this, the services of a professional ratcatcher were again made use of to renew an attack on the Whitecliff Tip, the Aviaries in Poole Park, the Public Recreation Ground and buildings at Sandbanks, and to deal with the rats disturbed by the changes going on by development of Branksome Chine and Canford Cliffs sea-fronts. In the former group, there appeared to be relatively few survivors from the previous campaign, and so far the results of the work at the latter places appear to be very effective.

With 600 new houses arising each year, a certain amount of new ground, some of it timbered woodland, is being continually opened up, with the result that some rats are kept on the move, and occasionally complaints are heard of in unexpected areas.

MOSQUITOES.

The system of spraying the fresh water lakes, ponds and watercourses with paraffin for the destruction of mosquitoes and their larvae was continued within the Borough during the past year.

Between April and September, the hottest period of the year, periodical visits were made to infested places requiring attention.

A total of 92 gallons of paraffin, with 2% added castor oil, was used at these places, and 49 visits made, the fresh water lakes in Poole Park being sprayed on 5 occasions, the Branksome Chine Lakes 16 times, and Coy Pond 11 times, and a claypit in Alder Road 4 times.

SMOKE ABATEMENT.

In a Borough such as Poole, with its possibilities as a recuperative resort, each householder should recognise that his own personal effort in the matter is essential to progress. Excess of smoke distributed in the air of a town means liability to fog. Fog is commonly due to the particles of soot and other suspended matter collecting a coat of moisture and settling in a dense mass, irritable to a healthy chest, and seriously undermining the weak.

Smouldering, burning and consuming are all different in degree, with results also differing in degree, viz., bad, indifferent, and good. The slow smouldering of domestic refuse on the back of a fire has nothing to recommend it from this point of view ; and the smouldering of damp garden refuse has less. Rapid firing in a good draught is essential if the slogan, "Burn your refuse" is not to be a counsel of doubtful foresight.

During the year 171 observations were made. 36 instances of excessive smoke were found. In some cases advice, and in 17 cases a caution, prevented the repetition of trouble.

FOOD.

In addition to the ordinary inspection of foodstuffs and meat, certain important Regulations lay down lines of action which the Inspectors of the Department follow in safeguarding the public in the matter of the maintenance of Dairies, Cowsheds, and Milkshops, the Sale of Milk and Cream, the Sale of Food and Drugs, the control of Slaughterhouses, etc.

Considerable recent legislation, particularly in the direction of the supply of clean, wholesome milk and sound meat, entails redoubled exertions on the part of the Inspectors and of the Health Department, but the work is willingly done in the knowledge that the community will gain.

91 formal samples of New Milk were taken for analysis.

11 of these were found to be adulterated. In all these cases, the vender was cautioned.

With a view to detecting tuberculous infection in milk supplies, and to identifying the source of the taint, the Borough Laboratories examine periodically sale samples taken by the Inspectors. 38 samples were thus tested. The germ of tuberculosis was not found.

Opportunity is taken in the Laboratory to examine for extraneous solid matter—otherwise "dirt"—the samples of milk submitted for report.

The 38 samples examined were classified as follows :—

EXTRANEOUS MATTER IN PARTS PER 100,000		
Clean Milk. (0—10)	Not a clean Milk. (10—20)	Dirty Milk. (over 20)
15	19	4

There are no underground Bakehouses in the Borough.

All butchers' shops comply with the Regulations requiring provision of suitable window-shutter facilities.

Table G enumerates the samples taken by the Inspectors under these Acts, and subjected to analysis as to genuineness or presence of preservative.

The Report of the Borough Analysts on their work for the year is appended :—

During the year 1931, 171 samples were submitted for analysis under the Food and Drugs (Adulteration) Act, 1928, of which eleven were returned as adulterated, yielding a percentage of Adulteration of 6.43.

All of the adulterated samples consisted of milk. Six of these samples of milk were deficient in fat to the extents of 4 per cent., 3 per cent., 11 per cent., 6 per cent., 5 per cent., and 3 per cent., respectively. Five other samples contained added water in amounts of one per cent., one per cent., 2 per cent., 2 per cent., and 4 per cent., respectively.

For eleven out of ninety-one samples of milk to be adulterated means a percentage of Milk Adulterated of 12.1. The " Percentage of Milk Adulterated " in the whole of the country (England and Wales) for the last year for which statistics are available (1929) was less than two-thirds this figure, namely, 7.8.

The quality of milk supplied to the Town is deplorable. Milk throughout the Country contains 3.7 per cent. of fat on an average over a whole year, that is, taking good months with bad. The average composition of milk supplied to Poole in 1931 was : Fat, 3.38 per cent. ; solids-not-fat, 8.77 per cent. In comparision with what consumers are getting elsewhere, inhabitants are being deprived of ten per cent. of the milk-fat to which they are entitled. A consumer is entitled to milk with all its fat and when this fat to which he can legitimately make claim is reduced by one-tenth, his nutrition is not adequately satisfied and the other properties of milk-fat in protecting against disease and conferring a resistance to other disease are correspondingly diminished. As a town with exceptional and, in some ways, unique claims on the attention of potential visitors a proportion of whom are invalids demanding nutriment we offer an impoverished milk-supply.

In an area where the fat in milk averaged 3.7 per cent., approximately half the samples would contain less, and the other half more, than this amount. In 1931, excluding six samples where Certificates of Adulteration were given for deficiency in fat, only 22 out of the remaining 85 contained this 3.7 or over while sixty-three contained less than 3.7 per cent. Instead of 22 samples below 3.7 per cent. of fat, there are 63. which leaves about forty samples with deficiencies in fat that, in the absence of adequate explanation cannot be considered to retain all their cream.

No instance of added colour in milk, which is an offence under the Milk and Dairies (Amendment) Act, 1922, occurred during the year.

Unfortunately for those to whom the fat of milk is of high importance, they cannot make up on good quality butter for what they miss in milk. Out of thirteen samples of butter only two were reasonably dry, having 13.4 and 14.0 per cent. of water respectively. The other eleven contained from 14.5 to 16.0 per cent. of water. The average content of water for butter was 15.06 per cent. which is a little worse than the average figure for 1930. That is, the quality of butter gets worse and worse.

Margarine also offers water in place of fat and an average of 15.53 per cent. of water as obtained during 1931 shows considerable dexterity on the part of manufacturers in providing as water-sodden an article as they can without coming in reach of an indulgent law that allows a maximum of sixteen per cent. of water.

Three samples of cheese were examined. Two of these were genuine whole-milk cheese sold as " New Zealand." The amount of moisture was 27.3 and 34.6 per cent. respectively. The third sample of cheese was Gorgonzola. With the exception of Camembert, Gorgonzola is the dampest of the real cheeses though dry consignments are often found. Thus the three samples mentioned in my 1929 Report contained 37.5, 41.5 and 29.6 per cent. of moisture, while the only sample analysed in 1930 contained 28.8 per cent. These are typical figures for this cheese, but the 1931 sample contained 42.5 per cent. of moisture. This is the highest recorded figure in my knowledge and received serious consideration but it did not seem sufficiently high above the normal range to warrant an unsatisfactory opinion in an admittedly variable article. This sample contained 1.48 per cent. of lactic acid which approaches the amount when people complain of acid taste.

Of the nine samples of coffee, eight contained reasonable amounts of moisture ranging from 1.77 to 5.60 per cent. with an average of 4.13 per cent. The other sample contained 7.7 per cent. of moisture and was made the subject of an Observation. The difficulty in the way of exercising more than moral suasion with vendors of such coffee was referred to in my 1930 Report but it seems that such utensils as tightly fitting canisters or the old-fashioned type of stoppered glass coffee jars are not employed in certain shops where the rate of sale appears so uncertain that the roasted ground article is kept for a week of more under conditions where aroma is lost and atmospheric moisture absorbed.

Dripping (5 samples) and Lard (6 samples) were free from adulteration and also from excessive amounts of fatty acids that result from decomposition. Dripping varied in free fatty acid from 0.48 to 1.75 per cent. with an average of 1.04 per cent. and lard from 0.3 to 0.56 per cent. with an average of 0.43 per cent.

The ten samples of ice-cream were satisfactory. Zinc, the metal most often found to be present in objectionable amounts never exceeded one tenth of a grain per pound. The white mould (*Oidium lactis*) that points to stale milk was never found and in only one sample, and then only in a negligible number, were yeast cells present.

Two samples of sausages are of interest because of a complaint that severe pains in the stomach followed their ingestion. On analysis, irritant poisons were found to be absent and the farinaceous ingredient was free from objection as evidenced by the absence of moulds and absence of yeasts, but an extension of the examination to bacteriological data showed the presence of a greatly excessive number of intestinal bacteria. Either some of the meat was soiled with dung or else the sausage casings had not been properly cleansed. It being no part of my duty as Public Analyst to certify bacterial infection in a sample taken under the food and Drugs (Adulteration) Act or even to examine for bacteria, all I could do was to make the *ultra vires* work the subject of an Observation. The same attitude had to be adopted when a sample of butter had a strong sour smell of an acetic character owing to faulty methods of manufacture causing the solids-not-fat to decompose, the vendor being referred to an agricultural official for advice.

One sample of Dried Herbs was of poor quality owing to the presence of 4.61 per cent. of sand. This is a point of more than passing interest as a minute amount of sand will cause distress to some people but on the other hand herbs are grown where rain splashes dirt on to them, and are packed and sold by people that are imperfectly acquainted with methods for cleaning drugs. This particular sample shows well the variation that can occur in various parts of a small packet. :

	TOTAL ASH.	SAND.
Top of Sample ...	10.56	4.34
Middle of Sample ...	11.20	2.76
Bottom of Sample ...	14.50	6.74

Three other samples of dried herbs showed no variation in the layers in the case of one sample and minor variations in the different parts of the other two. In these three samples the sand was under four per cent. in each case.

Other samples not referred to above (7 of self-raising flour, 1 of cornflour, 1 of tea, 2 of sultanas, 2 of raisins, 2 of currants, 1 of dried apricots, 4 of white pepper, and 1 of bloater paste) show no such special feature of analysis as would warrant mention here.

WILLIAM PARTRIDGE, F.I.C.
Joint Public Analyst.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The number of Dealers in Milk operating in the Borough is as under :

Description.	As at 1930	Registered in 1931	Rmvd. from register	Total
Retail Purveyors	75	9	1	83
Purveyors of Bottled Milk only	27	29	—	56
Wholesalers	16	—	—	16
Licences under Special Designations :—				
To sell Certified Milk ...	2	—	—	2
Grade A (Tuberculin Tested) Milk	—	—	—	—
Grade A Milk	1	—	—	1

LIST OF ADOPTIVE ACTS, LOCAL ACTS, ETC.

Adoptive Acts.

The Infectious Diseases (Prevention) Act, 1890.
The Public Health Acts (Amendment) Act, 1890.
The Public Libraries Acts, 1892 to 1901.
The Baths and Wash-houses Acts, 1846 to 1899.
The Private Street Works Act, 1892.
The Notification of Births Act, 1907.
The Public Health Acts (Amendment) Act, 1907 :
    Part II. Sections 15-23, 25-27, 29-33.
    Part III. Sections 34-50.
    Parts IV-VI.
    Part VII. Section 81.
    Part VIII.
    Part X.
Public Health Act, 1925 :
    Parts II-V.

Local Acts.

Poole (Extension) Order, 1905.
Confirmed by the Local Government Boards' Provisional Orders Confirmation (No. 12) Act, 1905.
The Poole Corporation Water Act, 1906.
The Poole Corporation Act, 1919.
The Poole Corporation Act, 1928.

Bye-laws.

Date of Approval.	*Subject.*
9th November, 1899.	Parks and Pleasure Grounds.
29th October, 1890.	Pleasure Boats and Vessels.

Bye-laws—(continued)

Date of Approval.	*Subject.*
20th December, 1895.	Whirligigs and Swings.
20th December, 1895.	Sanitary Conveniences.
28th April, 1896.	Telegraph and Other Wires.
1st May, 1896.	Common Lodging Houses.
4th May, 1896.	Slaughterhouses.
24th December, 1896.	Nuisances.
27th February, 1901.	Pleasure Grounds.
11th July, 1902.	Poole & District Light Railway Order, 1899.
4th August, 1905.	Section 74 of Education Act, as amended.
7th December, 1905.	Pleasure Grounds.
11th January, 1907.	Cemeteries, Management of
13th November, 1907.	Good Rule and Government.
8th June, 1909.	Shop Hours Act, 1904 (Closing Order)
6th July, 1911.	Houses Let in Lodgings.
14th August, 1911.	Public Bathing.
1st November, 1911.	Water, Preventing Waste, etc.
19th November, 1914.	Locomotives.
21st January, 1915.	Street Trading
5th June, 1917.	Sale of Coal.
24th January, 1922.	Employment of Children Act.
6th March, 1925.	Omnibuses.
18th May, 1925.	Nuisances.
6th July, 1925.	Employment of Children Act
14th April, 1926.	New Streets and Buildings.
24th January, 1927.	Pleasure Grounds.
16th August, 1927.	Hackney Carriages
16th August, 1927.	Omnibuses
7th October, 1927	Slaughterhouses.

Regulations.

Cemeteries.
Dogs Order, 1906.

Dairies, Cowsheds and Milkshops, 1908.
Drains of Buildings with Sewers, Connection of.
Fire Brigade.
Parks, Persons Using.
Bowls, Game of
Tennis, Game of
Education Committee, Constitution of
Grammar School, Government of
School of Art, Government of
School Managers, Guidance of

INFECTIOUS DISEASES.

Control of Infectious Diseases.

The Borough Public Health Laboratory examines free of charge all pathological and bacteriological specimens submitted by medical practitioners, Health Visitors, School Nurses or Hospitals, the report being telephoned where urgency is of importance. Particulars of work done in this sphere will be found in the portion of the Report dealing with the Laboratory. As the Medical Officer of Health is also School Medical Officer, Medical Officer under the Maternity and Child Welfare Scheme, Port Medical Officer, Superintendent of the Fever Hospital, Director of the Laboratory, and Honorary Pathologist to the Cornelia Hospital, he is thus enabled to keep himself in intimate personal touch with illness, which it would be impossible to maintain in a town of larger population.

Absentee Reports from the School staffs are checked and followed up by the School Nurses and School Attendance Officers; and systematic swabbing of sore throats and discharging nostrils, both at home and in the School Clinics, is a valuable aid to checking a school outbreak, as often an unsuspected case is thus disclosed and spread prevented.

Diphtheria cases, after two weeks at home on discharge from Hospital, and before returning to school or business, are requested to report to the Health Department, and two consecutive negative Laboratory reports are obtained before release from observation. By this means the number of undetected persistent convalescent carriers is reduced to a minimum. The futility of reliance on the result of only one swabbing is clearly recognised.

A careful search of the schools during the year resulted in the early detection of a number of cases of nasal diphtheria, and their isolation and treatment had a definite influence in the reduction of the number of faucial cases during the second half of the year. As children suffering from nasal diphtheria are not as a rule ill, and complain of nothing more than a "sore nose," they are seldom taken to a doctor, and their part in the spread of infection is generally underestimated.

During the year 3,215 swabs were taken by the Public Health staff in connection with diphtheria cases, carriers and suspects, and in "following up" convalescent cases after discharge from hospital.

Diphtheria antitoxin is available free to medical practitioners on application to the Public Health Office, on certificate of emergency.

The Health Visitors, by the operation of the Notification of Births Act, are able to track out such infantile conditions as Ophthalmia, Pemphigus and Erysipelas.

For the cleansing and disinfection, and disinfestation of verminous persons and their belongings, Alderney Hospital is equipped with baths and steam disinfector.

The disinfection of premises, after infectious illness, is carried out by the Department's employees under the supervision of the Sanitary Inspectors.

Control of Diphtheria by Immunisation.

As this is an aspect of Preventive Medicine proper, reference is made to it here. A fuller exposition, as it affects primarily the School Medical Service, will be found in that section of this Annual Report.

This work was commenced in October, 1929, after a preliminary explanation of its features and value to the community during the course of 37 addresses to adults and senior school children in "Health Week." By the kindness of an Insurance Company, two very practical films, entitled "Risk of Diphtheria Banished," were shown at the local cinemas for a week, again by the kindness of the proprietors of these.

Propaganda is maintained by taking advantage of every opportunity of coming into contact with parents at School Medical inspections, Minor Ailment Clinics, Dental Clinics, Child Welfare Centres, Health Talks, etc.

The following slip is enclosed on all occasions for correspondence in any of the above connections :—

BOROUGH AND COUNTY OF TOWN OF POOLE.

Diphtheria Prevention.

Diphtheria is a dangerous infectious disease which mainly attacks children.

There is now a safe and reliable means of preventing Diphtheria.

Protection is obtained by a course of three small injections at weekly intervals.

Many thousands of children have been tested and protected in this and other countries, **and the methods employed have been proved to be effective and harmless.**

Facilities for testing and protection are now available at the School Minor Ailment Clinics.

You are strongly advised, in the interests of your children to have them protected against Diphtheria. Once protected, it is believed they will remain so for life.

All you are asked to do is to send your request to the Public Health Department, Municipal Offices, Poole.

R. J. Maule Horne, M.A., M.B.,
Medical Officer of Health.

In addition to the activities at the official Immunisation Clinic—for voluntary assistance at which thanks are due to Dr. E. S. Bowes—the work is being taken up to a certain degree by local medical practitioners, who co-operate by submitting the names of those protected for record.

The cost of the materials used in the Clinic since its commencement in October, 1929 was £159/14/6, and the number of persons tested and/or immunised was 1,363, the cost per head in material used being approximately 2/6. The cost of the Medical Officer's and Nurse's time has not been reckoned, as they are whole-time officers in the Health service. If the general public will continue their present intelligent appreciation of the advantages of this beneficent work, there should be no difficulty in maintaining a diphtheria-free child population in the Borough, as, apart from incoming population, there are not more then 1,000 births in the Town each year.

Hospitals.

Baiter Hospital, on the Baiter Peninsula in Poole Harbour ,is kept in reserve for Smallpox cases. It has 20 beds (official capacity, 10) with an experienced Nurse as Resident Caretaker. It was not opened during the year.

Alderney Hospital is situated in a very healthy position 200 feet high, near the landward boundary of the Borough, on gravel soil. Its official capacity is 44 beds, and it consists of 6 blocks with administrative buildings, disinfecting station, and two motor ambulances.

The current survey of Hospital accommodation made by the County Council in accordance with Section 63 of the Local Government Act, 1929, and the question of provision for the future, brings into light the urgent need for consideration of the structural age and condition of the existing wards, which are as follows :—

Block.	Capacity.	Age	Material.
	beds.	years.	
1	4	16	Corrugated iron and urolite.
2	10	16	,, ,, ,,
3	10	16	,, ,, ,,
4	8	42	Brick, slate roof.
5	8	20	Corrugated iron, wood lining.
6	4	20	Corrugated iron, urolite.
	44		

Blocks 1, 2, 3, 5 and 6, it will be seen, are temporary structures, their expected " life " has been passed, and they are not weather-tight.

Block 4 is the original 6-bed block, extended, is long out of date in hygienic facilities, and uneconomical to run.

The time is therefore ripe to consider the whole question as a new proposition. I am glad to be able to say that this is receiving the sympathetic consideration, both of the Borough Council and of the County Council, and that a scheme of gradual reconstruction is developing, especially in view of the likelihood of this institution becoming the Area Hospital for East Dorset and a portion of West Hampshire.

During the year 255 cases were admitted, compared with 448 in 1930. Of these 179 were from the Borough, 9 from Poole Rural District, 4 from Wimborne, 19 from Wimborne and Cranborne Rural District, 9 from Wareham, 6 from Wareham and Purbeck Rural District, 4 from Swanage, 4 from Christchurch, 4 from Christchurch Rural District, and 17 from military stations in the County.

There were 5 deaths, 4 being Borough cases, and 1 from Christchurch.

Scarlet Fever. The Borough cases numbered 55. All made satisfactory recovery.

Diphtheria. The total Borough admissions associated with this condition were 119, 75 being faucial diphtherias, 31 nasal diphtherias, 6 temporary carriers, while 7 were found to be conditions not associated with the germs of this disease. There were three fatal cases, *all of whom died within* 24 *hours of admission.*

Other Diseases. The remaining Borough cases consisted of Paratyphoid Fever (2), Cerebro-spinal Meningitis, Measles and Puerperal Fever (one each).

Total Admissions, etc. These are enumerated in Table H. Table I. shows the age incidence and areas of the Borough in which the various infections have occurred.

Attack and Death Rates of the usual Hospital-treated infectious diseases for the year, given below, show the Borough as compared with the country as a whole.

Attack rate per 1,000 population.	Year.	Small-pox.	Scarlet Fever.	Diphtheria	Enteric Fever.
Poole	1921	—	2.04	1.78	.07
	1922	—	.91	.77	—
	1923	—	.20	.11	.02
	1924	—	.81	.49	.02
	1925	—	.24	.75	—
	1926	—	.77	.26	.04
	1927	—	1.48	.04	.02
	1928	.02	1.60	.89	.02
	1929	—	3.25	4.36	—
	1930	—	1.00	3.38	.12
	1931	—	1.00	1.54	.05
England and Wales	1931	0.14	2.05	1.27	0.06
Death Rate per 1,000 population ... Poole	1931		—	0.05	—
England and Wales	1931	0.00	0.01	0.07	0.01

The steam disinfector is of the jacket type, working up to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham.

TUBERCULOSIS.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

Particulars are given below of the position as regards the incidence of the disease for recent years.

Year	First Notifications		Formerly notified new residents.		Deaths.	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1922	67	9	3	1	51	6
1923	56	14	9	—	45	11
1924	64	11	2	—	40	7
1925	59	18	12	1	33	6
1926	50	10	13	—	46	5
1927	54	8	16	—	36	6
1928	45	11	6	1	32	9
1929	62	11	4	—	30	5
1930	61	14	3	1	48	6
1931	55	28	8	—	48	12

For the year under review, the details are as follows :—

Age Period	New Cases.								Deaths.			
	Pulmonary				Non-Pulmonary				Pulmonary		Non - pulmonary	
	M.		F.		M.		F.		M.	F.	M.	F.
	Primary Notifications	Renotifica-tions.	Primary Notifications	Renotifica-tions	Primary Notifications	Renotifica-tions	Primary Notifications	Renotifica-tions				
0	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	1	—	3	—	2	—	—	—	2	4
5	—	—	—	—	5	—	2	—	—	—	—	—
10	2	—	2	—	2	—	1	—	—	1	—	2
15	—	—	3	—	—	—	4	—	1	4	1	—
20	3	—	5	—	1	—	1	—	2	3	—	—
25	5	1	8	5	1	—	3	—	5	8	—	2
35	6	1	3	—	1	—	1	—	5	2	—	—
45	5	1	4	—	1	—	—	—	3	4	—	1
55	3	—	1	—	—	—	—	—	5	—	—	—
65 & over	1	—	3	—	—	—	—	—	2	3	—	—
T'tal	25	3	30	5	14	—	14	—	23	25	3	9

Of the 48 deaths from the pulmonary form :—

20 had been notified during 1931 ;
8 ,, ,, ,, ,, 1930 ;
4 ,, ,, ,, ,, 1929 ;
3 ,, ,, ,, ,, 1928 ;
3 ,, ,, ,, ,, 1927 ;
2 ,, ,, ,, ,, 1924 ;
2 ,, ,, ,, ,, 1919 ;
2 ,, ,, ,, ,, 1917 ;
4 ,, ,, ,, ,, year uncertain.
3 had not previously been notified.

The proportion of notified and non-notified pulmonary cases dying in recent years has been as follows :—

	1924	1925	1926	1927	1928	1929	1930	1931
Previously notified	28	28	40	32	29	27	43	45
Not notified	12	5	6	4	3	3	5	3
Total	40	33	46	36	32	30	48	48

In the case of eleven of the deaths from the pulmonary form, without prior local notification, communication with the Doctor notifying the death ascertained the fact of previous notification elsewhere in 8 cases, leaving 3 deaths without antemortem notification.

Occasion has not arisen during the year for applying the operation of Section 62 of the Public Health Act, 1925 (compulsory removal to hospital of certain cases of pulmonary tuberculosis), or of the Public Health (Prevention of Tuberculosis) Regulations, 1925, controlling tuberculous subjects in the milk trade.

The Laboratories are approved by the Ministry of Agriculture and Fisheries as a pathological institute for the purpose of examinations in connection with Tuberculosis in Animals (Tuberculosis Order of 1925).

BLIND PERSONS.

There are at present under the care of the Dorset County Association for the Blind the following :—

Adults.		
Men	30	
Women, married ...	33	
single ...	19	
Children.		
Boys	1	
Girls	6	
	—	Total 89.

Three children have been provided for by the Local Education Committee, and are in a Residential School for the Partially Blind. Attempts are being made to assist similarly the remaining four.

VENEREAL DISEASES.

Administration and treatment is in the hands of the County Council. A Clinic in the Borough itself is very necessary. At present the nearest available Centre is at the Royal Victoria Hospital. No alteration in this respect has been effected during the year.

Two persons who presented themselves to the Medical Officer of Health for advice were referred thither for treatment.

The number of patients who attended the Clinic, registered as resident in the Borough of Poole has shown a marked increase, from 93 in 1930, to 139.

Sex	Syphilis			Gonorrhoea			Diagnosed as Non-Venereal
	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	
M.	—	5	13	7	22	23	18
F.	2	3	17	5	10	7	7
Total	2	8	30	12	32	30	25

OPHTHALMIA NEONATORUM.

This crippling and avoidable disease of infancy was absent altogether in 1931, having fallen from 21 cases in 1921, to 9 in 1922, and to 4 in each of the next three years, and to 3 in 1926, 2 in 1927, 4 during 1928, 1 in 1929, 2 in 1930, and none in the year under review.

BOROUGH PUBLIC HEALTH LABORATORIES.

The sphere of gratuitous utility of the Public Health Laboratories includes the Hospitals in the Borough, the Medical Practitioners of the Borough, the School Medical Service, the Maternity and Child Welfare Service and the Food Inspectors.

For reports on materials coming from outside the Borough small charges are made.

Charges are also made for special work, such as preparation of vaccines, bacteriological tests of water samples, etc.

The work of the year is shown in the Table below :—

Diphtheria Swabs.		
Hospital	1586	
Nurses and Clinics	3215	
Medical Practitioners	300	
Institutions	67	
County	132	
	——	5300
Other Specimens.		
Sputa	68	
Urines from Antenatal Clinics, etc.	53	
Urines from other sources ...	63	
Carried forward	184	5300

Brought forward	184	5300
Urethral, Vaginal, Cervical and Conjunctival Swabs and Smears	21	
Pathological Tissues ...	23	
Hairs for Ringworm ...	70	
Bloods for Wassermann Test ...	36	
Analysis of Milk Samples ...	53	
Bacteriological Examinations of water	25	
Dejecta for Typhoid-Dysentery Group T.B., etc.	16	
Pus and pus swabs	12	
Blood films and counts ...	8	
Pleural fluids, etc.	3	
Cerebro-spinal fluids	4	
Breast milk	1	
Blood for Typhoid Group Tests ...	9	
Oysters	1	
From Veterinary Surgeon ...	3	
		469
Total		5,769

In 1930, 10,106 examinations and reports were made.

HOSPITALS, MEDICAL SERVICES AND NURSING ARRANGEMENTS AVAILABLE FOR THE BOROUGH.

(1) *Hospitals and Sanatoria.*

Classification	*Name*	*Situation*	*Accommodation*	*Provided by*
Tuberculosis ...	Various	Various	72 for County	County Council
Maternity ...	Cornelia Hospital	Longfleet	4 beds	Borough Council
Children under 5	Cornelia Hospital	Longfleet	8 cots	Borough Council
Infectious Diseases	Borough Isolation	Upper Parkstone	44 beds	Borough Council
Smallpox, etc.	Baiter Isolation	Poole	10 beds	Borough Council
Children's Convalescent ...	Swanage Memorial	Swanage	3 for Borough	Royal Red Cross Society
Venereal Disease	Royal Victoria	Boscombe	4 beds	County Council
General ...	Cornelia Hospital	Longfleet	105 beds	Voluntary effort

(2) *Clinics and Treatment Centres.*

Classification.	*Situation.*	*Provided by*
Tuberculosis ...	King Street, Poole	County Council
Maternity and Child Welfare ...	67, Market Street Poole ...	Borough Council
,, ,, ...	Branksome Council Buildings	Borough Council
Maternity and Child Welfare Association Consultation Centre and School for Mothers ...	Poole ...	Voluntary effort subsidised by Borough Council
,, ,, ...	Upper Parkstone	
,, ,, ...	Heatherlands ...	
,, ,, ...	Newtown ...	,, ,,
,, ,, ...	Longfleet ...	,, ,,
Elementary Schools, Minor Ailments ...	67, Market Street, Poole ...	Borough Council ,, ,,
,, ,, ...	Council Buildings, Branksome	,, ,, ,, ,,
Elementary Schools, Dental Operative Clinic	67, Market Street Poole	,, ,,
Elementary Schools, ... Nose and Throat Operative Clinic ...	Cornelia Hospital ...	,, ,,
Elementary Schools, Eye Clinic	,, ,,	,, ,,
Elementary Schools, ... X-Ray Clinic ...	,, ,,	,, ,,
Diphtheria Immunisation	67, Market Street Poole	Borough Council
Venereal Diseases ...	Boscombe	County Council
General Dispensary ...	Langley Road, ... Branksome	Voluntary Effort

(3) *Professional Nursing in the Home.*

General. Three District Nurses for the Parkstone area are provided by the Parkstone District Nursing Association. One District Nurse, for work in the Poole, Longfleet and Oakdale districts, is provided by the Poole District Nursing Association, and one in Hamworthy by the Hamworthy Association.

These Associations are affiliated to the Dorset County Nursing Association.

Maternity. Seventeen certified Midwives are at present practising in the Borough. A further 3 are proprietors of Nursing Homes, which are also Maternity Homes.

(4) *Ambulance facilities.*

(*a*) *Infectious Diseases.* Two motor ambulances are stationed at the Borough Hospital. The new vehicle is a Morris St. John Type, capable of carrying 2 stretchers and 3 sitting cases. The area covered by these includes a considerable portion of the East of the County of Dorset, and Christchurch in Hampshire.

(*b*) *Non-infectious and Accident Cases.* A Morris motor ambulance, which was presented to the Corporation by the Poole Carnival Committee, is maintained at Parkstone by the St. John Ambulance Brigade for general non-infectious work.

There is also a hand ambulance quartered at Parkstone Park.

(5) *Other Institutional Provision.*

Unmarried Mothers. A Home for girls awaiting confinement, and for unmarried mothers with their infants, with four beds and four cots, is situated at " Oak Tree Lodge," Lower Parkstone. This is supported by voluntary effort.

Illegitimate Infants. The Hants and Dorset Babies' Home, in Commercial Road, Parkstone, is capable of boarding 23 infants. It receives an annual grant from Government funds, and is subject to supervision by the Medical Officer of Health.

Homeless Children. The Dorset Home, in West Street, Poole, which was a recognised Industrial School under the Children Act, 1908, closed during the year.

LIST OF TABLES.

A.—Vital Statistics—Quinquennial.
B.—Deaths from all Causes.
C.—Infant Mortality.
D.—Births.
E.—Housing.
F.—Sanitary Inspection, Nuisances and Defects.
G.—Food and Drugs.
H.—Cases Admitted to Borough Isolation Hospital.
I.—Infectious Diseases.
J.—Factories and Workshops.

TABLE A.

Vital Statistics, Quinquennial.

Year	Mid-Year population	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
			Birth Rate.	Marriage Rate.	Death Rate. (uncorrected)	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate.
1885	12957	86	39.5		18.7		
1890	14027	82	26.9		14.6		
1895	17050	126	29.5		15.1		
1900	18991	131	27.7		15.3	1.3	.9
1905	21804	113	26.7		15.7	.8	1.3
1910	34168*	82	26.0	15.4	12.7	1.1	1.1
1915	42800	93	18.7	18.6	13.2	.9	.8
1920	43400	75	23.6	22.0	10.8	1.2	.9
1925	46150	71.7	18.1	16.7	11.7	1.60	.71
1928	52940	50.2	17.3	15.1	11.92	1.42	.61
1929	53870	46.3	16.8	16.8	13.16	1.50	.56
1930	56150	57.6	16.7	15.4	12.39	1.87	.85
1931	56780	43.2	15.85	16.5	12.49	1.81	.84
England & Wales, 1931		66	15.8		12.3	1.48	.74

* Enlarged Borough.

TABLE B.

Total Deaths Registered in the Borough :— 698

Transferable Deaths :—(a) of non-Residents registered in the Borough :— 69

(b) of Residents not registered in the Borough :— 80

Nett Deaths belonging to the Borough :—709. Rate :—12.49

Corrected Death Rate :—10.54

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1931.

Causes of Death.	All Ages	Under 1 Year	1 and Under 2 years	2 and Under 5 years	5 and Under 15 years	15 and Under 25 years	25 and Under 45 years	45 and Under 65 years	65 and Under 75 years	75 years and Over	Total Deaths in Institutions.
All Causes : Certified	—	—	—	—	—	—	—	—	—	—	—
Uncertified ...	—	—	—	—	—	—	—	—	—	—	—
1. Enteric Fever	1	—	—	—	—	—	—	1	—	—	1
2. Small Pox	—	—	—	—	—	—	—	—	—	—	—
3. Measles	—	—	—	—	—	—	—	—	—	—	—
4. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	13	8	4	1	—	—	—	—	—	—	—
6. Diphtheria and Croup	4	—	1	2	1	—	—	—	—	—	3
7. Influenza	8	—	—	—	—	—	2	3	—	3	—
8. Encephalitis Lethargica	3	—	—	1	—	1	—	1	—	—	—
9. Meningococcal Meningitis	1	—	—	—	—	—	1	—	—	—	1
10. Tuberculosis of Respiratory System ...	47	—	—	—	1	9	21	11	4	1	7
11. Other Tuberculosis Diseases	12	—	5	1	2	1	2	1	—	—	4
12. Cancer (Malignant Disease)	97	—	—	—	—	1	1	40	35	25	16
13. Rheumatic Fever	2	—	—	—	—	—	1	1	—	—	—
14. Diabetes	6	—	—	—	—	—	—	2	2	2	2
15. Cerebral Haemorrhage, etc. ...	53	—	—	—	—	—	4	14	14	21	4
16. Heart Disease	117	—	—	1	1	1	7	19	30	58	10
17. Arterio-Sclerosis	52	—	—	—	—	—	1	8	14	29	2
18. Bronchitis	56	2	—	1	—	—	1	4	21	27	5
19. Pneumonia (All Forms)	34	5	1	—	—	—	3	13	2	10	5
20. Other Respiratory Diseases	4	—	—	—	—	—	1	1	2	—	1
21. Ulcer of Stomach or Duodenum ...	7	—	—	—	—	1	—	2	1	3	2
22. Diarrhoea	1	—	—	—	—	—	—	—	—	1	—
23. Appendicitis and Typhilitis	4	—	—	—	1	—	—	1	2	—	4
24. Cirrhosis of Liver	2	—	—	—	—	—	—	1	1	—	—
25. Acute and Chronic Mephritis ...	26	—	—	—	—	—	2	11	5	8	8
26. Puerperal Sepsis	1	—	—	—	—	1	—	—	—	—	—
27. Other Accidents and Diseases of Pregnancy and Parturition	7	—	—	—	—	1	6	—	—	—	6
28. Congenital Debility	20	19	—	1	—	—	—	—	—	—	4
29. Suicide	4	—	—	—	—	—	2	—	1	1	1
30. Other Deaths from Violence	28	—	—	1	5	2	5	10	4	1	10
31. Other Defined Diseases ...	98	4	1	2	2	1	9	26	12	41	28
32. Causes Ill-Defined or Unknown ...	1	1	—	—	—	—	—	—	—	—	1
Total	709	39	12	11	13	19	69	—	—	—	125

TABLE C.

INFANT MORTALITY DURING 1931.

Causes of Death.	Deaths from stated causes at various ages under one year.									Total Deaths under one year.
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	
Asphyxia	—	—	—	—	—	1	1	—	—	2
Pneumonia	—	—	—	1	1	1	—	1	2	5
Whooping Cough	—	—	1	—	1	3	1	2	1	8
Prematurity	7	—	—	—	7	2	—	—	—	9
Bronchitis	—	—	—	—	—	—	1	—	—	1
Malformation	—	1	—	—	1	1	1	—	—	3
Congenital Heart Disease ...	—	—	—	—	—	—	—	—	1	1
Convulsions	1	—	—	—	1	2	—	—	—	3
Spina Bifida	—	—	1	—	1	—	—	—	—	1
Pulmonary Atelectasis ...	3	—	—	—	3	—	—	—	—	3
Meningeal Haemorrhage ...	1	—	—	—	1	—	—	—	—	1
Pyloric Stenosis	—	—	—	—	—	1	—	—	—	1
Meningitis & Erysipelas ...	—	—	—	—	—	1	—	—	—	1
Total	12	1	2	1	16	12	4	3	4	39

TABLE D.

BIRTHS.

		Notified by			Not Notified	Total	Stillborn.		
							Notified by		
		Doctors	Midwives	Parents			Doctors	Midwives	Parents
Legitimate	Male	174	264	11	—	449	11	10	—
	Female	176	230	12	—	418	10	3	—
Illegitimate	Male	4	14	—	—	18	3	—	—
	Female	4	12	1	—	17	3	—	—
Total	Male	178	278	11	—	467	14	10	—
	Female	180	242	13	—	435	13	3	—
Grand Total		358	520	24	—	902	27	13	—

TABLE E.

Housing.

Number of New Houses erected during the year :—	
(*a*) Total (including numbers given separately under (*b*)) ...	600
(i) By the Local Authority	60
(ii) By other Local Authorities	—
(iii) By other bodies or persons	540
(*b*) With State assistance under the Housing Acts :—	
(a) For the purpose of Part II. of the Act of 1925 ...	—
(b) For the purpose of Part III. of the Act of 1925 ...	60
(c) For other purposes	—
1. **Inspection of Dwelling-houses during the year :—**	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	374
(b) Number of inspections made for the purpose ...	374
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	42
(b) Number of inspections made for the purpose ...	42
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	326
2. **Remedy of Defects during the Year without Service of Formal Notices.**	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	283
3. **Action under Statutory Powers during the Year :—**	
A.—*Proceedings under Sections* 17, 18, *and* 23 *of the Housing Act*, 1930 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	27
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	24
(*b*) By Local Authority in default of owners	1
B.—*Proceedings under Public Health Acts* :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	15
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(*a*) By owners	15
(*b*) By Local Authority in default of owners	—
C.—*Proceedings under Sections* 19 *and* 21 *of the Housing Act*, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	4
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	—
D.—*Proceedings under Section* 20 *of the Housing Act*, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	—
E.—*Proceedings under Section* 3 *of the Housing Act*, 1925 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	—
(*b*) By Local Authority in default of owners	
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—
F.—*Proceedings under Sections* 11, 14 *and* 15 *of the Housing Act*, 1925 :—	
(1) Number of dwelling-houses in respect of which Closing Orders were made	—
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-house having been rendered fit	—
(3) Number of dwelling-houses in respect of which Demolition Orders were made	—
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

TABLE F.

Report of Sanitary Inspectors for the Year 1931.

Poole District, Mr. Wheeler; Branksome District, Mr. Trim; Longfleet District, Mr. Power; Parkstone District, Mr. Hollox.

	District			
	Poole	Branksome.	Longfleet	Parkstone.
Total No. of visits to premises	3949	3894	4588	3474
Visits *re* infectious and other diseases	90	75	80	80
Premises disinfected after infectious diseases ...	84	69	79	44
Premises disinfected after other diseases ...	3	20	24	1
House drains smoke tested	59	102	38	47
House drains water tested	115	82	34	157
Drains, repaired, cleaned, etc.	85	36	43	31
Inspection of Licensed or Registered Premises.				
Factories, Workshops and Workplaces ...	144	40	45	73
Slaughterhouses	73	309	619	495
Dairies and Milkshops	121	126	94	259
Cowsheds	18	38	66	43
Bakehouses	73	33	35	72
Houses let-in-lodgings	—	—	—	—
Common Lodging-houses	72	9	1	—
Inspections.				
Butchers' Premises	580	891	433	471
Greengrocers' Premises	201	445	518	239
Fishmongers' Premises	218	313	331	140
Fish Market	15	—	—	—
Schools	44	15	18	1
Ice-cream Premises	55	24	7	78
Picture Houses	20	10	14	—
Lavatories	75	62	507	73
Other Premises	1019	812	1422	490
Inspections of work in progress	636	356	115	286
Food and Drugs Acts.				
Samples of food, etc. taken	24	53	51	47
Complaints received	—	—	2	2
Food Destroyed Pork ... 2937 lbs.				
Fish ... ... 1895 ,,				
Beef ... ... 3615 ,,				
Offals ... ... 1448 ,,				
Tinned fruit ... 21 ,,				
Rabbits 1				
Lamb ... ... 18 lbs.				
Fruit ... ... 17 ,,				
Sausages ... 36 ,,				
Veal ... ... 103 ,,				
Nuisances and Defects.				
Premises requiring repair	141	44	87	31
Premises requiring cleansing or limewashing ...	55	52	13	35
Defective W.C. fittings	37	50	22	30
Defective yard surfaces	30	9	27	6
Defective eaves and downspouts	82	22	18	18
Defective sinks	30	12	15	4
Defective urinals	—	3	2	1
Defective manure pits	4	1	10	2
Animals improperly kept	2	1	2	6
Overcrowding	—	—	3	3
Offensive accumulations	22	26	27	27
Other nuisances	66	65	97	38
Informal notices served	97	82	115	78
Informal notices complied with	82	60	85	52
Statutory notices served	21	14	11	3
Statutory notices complied with	19	9	9	1
Diseases of Animals Acts.				
Visits made	30	8	21	46
Movement licences (within the Borough) 14				
Movement licences (outside the Borough) 53				
Reports Board of Agriculture	—	3	1	8
Cautions	—	—	—	—
Prosecutions	—	—	—	—

TABLE G.

WORK DONE UNDER THE FOOD AND DRUGS ACTS.

	Samples.						
	Formal	Informal	Total	Genuine	Adulter-ated.	Vendor cautioned	Vendor prosecu-ted.
Milk	91	—	--	80	11	11	—
Sausages	—	2	—	2	—	—	—
Cornflour	1	—	—	1	—	—	—
Butter	13	—	—	13	—	—	—
Cheese	3	—	—	3	—	—	—
Bloater Paste	1	—	—	1	—	—	—
Dripping	5	—	—	5	—	—	—
Margarine	7	—	—	7	—	—	—
Dried Mixed Herbs ...	—	4	—	4	—	—	—
Ice Cream	10	—	—	10	—	—	—
Dried Apricots	1	—	—	1	—	—	—
Lard	6	—	—	6	—	—	—
Coffee	9	—	—	9	—	—	—
Tea	1	--	—	1	—	—	—
Currants	2	—	—	2	—	—	—
Flour	2	—	—	2	—	—	—
Sultanas	2	—	—	2	—	—	--
Raisins	2	—	—	2	—	—	—
Self-Raising Flour ...	5	—	—	5	—	—	—
Pepper	4	—	—	4	—	—	—
	165	6	--	161	11	11	—

TABLE H.

CASES ADMITTED TO ALDERNEY HOSPITAL DURING THE YEAR 1931.

	Admitted from Borough	Admitted from other Districts	Died during the year	Total Number of cases admitted
Scarlet Fever	55	30	—	85
Diphtheria, faucial	75	24	—	100
,, nasal	31	—	—	31
,, carrier	6	2	—	8
Admitted as Diphtheria, but proving to be otherwise	7	4	*4	11
Enteric Fever	2	3	—	5
Cerebro Spinal Meningitis	1	—	—	1
German Measles	—	1	—	1
Measles	1	11	—	12
Puerperal Fever	1	1	1	2
Total	179	76	—	255

*One case from Outside District.

TABLE I.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1931.

Notifiable Diseases.	At all Ages	Number of Cases Notified.												Cases notified in each Locality.					Total Cases removed to Hospital
		Under 1 year	1-2 year	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 & upwards	Hamworthy	St. James	Longfleet	Parkstone	Branksome	
Diphtheria	107	—	2	2	4	13	39	31	3	11	1	1	—	9	50	9	13	26	103
Scarlet Fever	59	—	3	1	1	6	32	12	2	2	—	—	—	2	3	17	14	23	55
Erysipelas	17	—	—	—	—	—	—	—	1	4	2	2	8	—	—	2	8	7	1
Puerperal Fever	2	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	1	1
Puerperal Pyrexia ...	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—
Pneumonia	24	2	—	—	—	1	5	—	1	5	4	4	2	2	2	6	4	10	—
Encephalitis Lethargica ...	2	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	1	—
Enteric Fever	3	—	—	—	—	—	—	—	—	1	1	1	—	1	1	—	1	—	2
Acute Anterior Poliomyelitis	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Cerebro Spinal Fever ...	2	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	1	1
Total ...	218	2	5	3	5	21	77	43	7	28	8	9	10	15	58	35	40	70	163

TABLE J.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of Inspections. (2)	Number of Written Notices. (3)	Number of Occupiers prosecuted. (4)
Factories ... ... (Including Factory Laundries)	78	11	—
Workshops ... ... (Including Workshop Laundries)	232	20	—
Workplaces ... ... (Other than Outworkers' premises)	31	5	—
Total	341	36	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects. Found (2)	Number of Defects. Remedied (3)	Number of Defects. Referred to H.M. Inspector (4)	Number of offences in respect of which Prosecutions were instituted. (5)
Nuisances under the Public Health Acts :—*				
Want of cleanliness	30	30	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	2	2	—	—
Other Nuisances	10	10	—	—
Sanitary accommodation insufficient	5	4	—	—
unsuitable or defective ...	16	16	—	—
not separate for sexes ...	1	—	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (s.101) ...	—	—	—	—
Other offences ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).	—	—	—	—
Total	64	62	—	—

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* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

PART II.

Port Sanitation.

PORT MEDICAL OFFICER'S REPORT.

Poole Bay includes, in addition to the Harbour, all the landward area of waters enclosed by a line joining St. Alban's Head in the West with Hengistbury Head in the East. The Port of Poole proper extends to a line joining Poole Head with the "Bar Buoy" off Studland.

The Medical Officer of Health for the Borough is also Port Medical Officer. Dr. G. Chesney, who holds the Certificate of the London School of Tropical Medicine, is Assistant Port Medical Officer, and these are assisted by Mr. P. W. Wheeler, Cert. R.S.I., M.S.I.A., Sanitary Inspector, who is also Sanitary Inspector for the Port. Close co-operation exists between the Officers of H.M. Customs, the Harbour Master, and the Medical Officer's Department.

With the development of the training bank, schemes for the deepening of the main channels, the provision of additional wharfage accommodation, and the opening of the new Bascule Bridge over the entrance to Holes Bay, statistics of the tonnage of incoming vessels should provide a useful practical indication of the results achieved.

The following figures give a summary of recent shipping returns:

Period.	Total Incoming Vessels.	Tonnage.	Average Ship Tonnage	Average Freight Tonnage
1910–1913	1621	221551	136	–
1921–1925	1000	161145	158	216
1926–1930	1313	248463	188	280
1931	1139	255675	225	–

The public quay accommodation consists at present of 2,700 feet frontage with 16 feet of water, and a further 1,500 feet frontage with 12 feet of water, at Low Water Ordinary Tides. On the Hamworthy side an extension scheme now under way will provide another 520 feet of berthing with 16 feet of water, and capable of deepening to 18 feet. Two electric cranes, covered transit sheds and double railway extension, will facilitate handling and transport. Ships drawing 16 feet may navigate the Harbour from the Bar to any of the regular discharging berths, either above or below the Bridge, at either High Water, Neaps, or Springs.

The phenomenon of double tides is a great asset to the Harbour of Poole, for although the rise and fall is very little, the tide stands so long at or near its highest level, from 6 to 7 hours, that the Port has the advantage of nearly 14 hours High Water out of the 24 hours.

There are also some 2,500 feet of private wharves, some of which are equipped with the most up-to-date transporting machinery. The Harbour benefits from the proximity of the Isle of Wight in that the four tides caused by its lie enable vessels of maximum draught to enter or leave the Port during 16 hours out of the 24.

I. *Amount of shipping Entering the Port during the Year,* 1931.

TABLE A.

		Number	Tonnage	Number Inspected		Number reported to be Defective	Number of vessels on which defects were remedied	Number of vessels reported as having, or having had, during the voyage, infectious disease on board.
				By the Medical Officer	By the Sanitary Inspector			
FOREIGN	Steamers	93	26351	6	52	9	8	—
	Motor	67	5692	—	63	7	7	—
	Sailing	29	1573	—	9	4	4	—
	Fishing	—	—	—	—	—	—	—
Total Foreign		189	33616	6	124	20	19	—
COAST-WISE	Steamers	828	212472	4	295	24	22	—
	Motor	308	26616	—	76	4	4	—
	Sailing	44	3493	1	31	7	6	—
	Fishing	—	—	—	—	—	—	—
Total Coastwise		1180	242581	5	402	35	32	—
Total Foreign and Coastwise		1369	276197	11	526	55	51	—

II. *Character of Trade of the Port.*

(a) *Passenger Traffic.* There is a passenger service running between Poole, the Channel Islands and St. Malo. Apart from this, the passenger services are local, communicating between the Isle of Wight, Bournemouth, Poole, Swanage and Weymouth.

TABLE B.

Passenger Traffic During 1931.

No. of Passengers		1st Class	2nd Class	3rd Class	Trans-migrants
INWARDS	Local	4238	—	—	—
	France and Channel Islands...	—	—	30	—
	Other Oversea Countries ...	—	—	2	—
OUTWARDS	Local	4231	—	—	—
	France and Channel Islands	—	—	30	—
	Other Oversea Countries ...	—	—	3	—

The third-class passengers represent Onion-men, who return to their homes *via* either Southampton or Weymouth, and two passengers from Archangel.

Poole is not an " Approved Port " for the purpose of control of transmigrants.

(b) *Cargo Traffic.* The bulk of the traffic during the year has been with France, Belgium, Channel Islands, Sweden, Finland and Baltic Ports, in addition to English and Scottish Ports generally.

Imports from abroad were chiefly Timber, Stone, Slates, Building Materials, Iron and Steel, Superphosphates, Vegetables and general cargoes; and by coastal traffic, Coal, Cement, Oil, Petrol, Manures, Stone, Grain, and general cargoes.

Exports were chiefly Clay, Scrap Iron, Wheat, and general cargoes.

One Italian vessel, on entering the Port, had on board 2 store pigs, in contravention of the Animals (Importation) Order of 1930. They were not moved from the poop during the time the vessel was in the Harbour. After report, a caution was considered to meet the case.

III. *Source of Water Supply.*

The water supply available for the Port and shipping is that of the Town Mains, which carry a chlorinated water of high bacterial purity from deep wells in the Corfe Hills in the vicinity. There are no water boats in use in the harbour.

IV. *Infectious Diseases.*

(1) *Arrangements for detection of Infectious Disease on Inward Vessels.* Masters of incoming ships report to H.M. Customs or Harbour Master, who are in direct telephonic communication with the Port Medical Officer.

(2) *Arrangements for notification to the Port Sanitary Authority of the arrival of inward vessels requiring special attention.* H.M. Customs Office and the Harbour Master are in telephonic communication with the offices of the Port Sanitary Authority direct. Immediate intimation of the arrival is passed by the former to the Port Medical Officer and Sanitary Inspector.

There are no local facilities for communicating direct with incoming vessels by wireless. It would be an advantage if all incoming vessels equipped with wireless were required to send a message stating the probable time of their arrival in the Port, and whether any infectious disease is known or suspected to exist on board.

(3) *Method of boarding vessels on arrival.* The routine observed in the case of a vessel arriving at the Port which has not a clear bill of health as regards infectious diseases is as follows.

The vessel is piloted to the "Approved Boarding Station"—off Stakes Buoy—where it is boarded by the Port Medical Officer, Sanitary Inspector and Customs Officer before anyone on board leaves the vessel. The Medical Officer, after making his inspection, gives his instructions in accordance with the provisions described below.

(4) *Arrangements for disposal of cases of infectious disease and for observation or surveillance of contacts.* The Port Sanitary Authority possess two Hospitals which are available for treatment of infectious cases, one at Alderney, near the landward boundary of the town and the other on Baiter Peninsula in the Harbour, the latter being reserved for Smallpox, Plague, Cholera and Yellow Fever.

(5) *Arrangements for disinfection of infected quarters, bedding, clothing.* Alderney Isolation Hospital is the disinfecting station for the Port. The steam disinfector available there is of the jacket type, working to 40-lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham. Four wholetime employees skilled in methods of disinfection are available on emergency, with equipment for formaldehyde and sulphur vapour treatment of quarters and articles not suitable for treatment by steam.

(6) *Arrangements for cleansing of persons.* Alderney Isolation Hospital is also the Disinfestation Station for the Port, for cleansing and disinfesting verminous persons. Here a block, with reception, bath, and discharging rooms, is available, while clothing, etc., are treated by steam disinfection.

(7) *Arrangements for Ambulance transport.* A motor ambulance maintained at Alderney Isolation Hospital, and in direct communication by telephone, is available. This vehicle can take two lying-down and two sitting cases, in addition to driver and nurse or attendant.

(8) *Arrangements for detection and treatment of Venereal Disease among Sailors.* Under the International Agreement regarding Venereal Diseases, suitable notices are available for all crews arriving in the Port, being issued to the Captain at first call. The Port Medical Officer is available for emergency advice. The local Treatment Centre is at the Victoria and West Hants Hospital, Boscombe, and to this all suitable cases are directed with printed guidance. If an affected sailor is in Port only for a very short time, he is advised as to the site of the Centre at his next port of call. Two seamen applied for treatment under this Agreement, and were directed to the local Treatment Centre.

(9) and (10) *Arrangements for bacteriological examination of rats and other material.* The Port Medical Officer is also Director of the Public Health Laboratories of the Sanitary Authority, where facilities exist for all routine and special examinations of bacteriological or pathological significance. The Laboratories are central, and in direct telephonic communication.

Cases of infectious sickness. No cases of infectious sickness occurred on vessels during voyage or were disposed of prior to arrival, and no cases were landed at the Port, during the previous five years.

V. *Measures against Rodents.*

(1) *Steps taken for detection of Rodent Plague.* Vessels are inspected on arrival, the master being interrogated. Periodical inspection of wharves, warehouses, etc., is made in the course of routine duties by the Sanitary Inspector and one of the Authority's ratters.

(2) *Measures taken to prevent passage of rats between ships and shore.* Zinc hawser baffles are maintained in store for this purpose.

(3) *Methods of deratisation of*

(*a*) *Ships.* Sulphur dioxide fumigation is used.

(*b*) *Premises in vicinity of docks or quays.* Red squills, phosphorus, etc., are used, in accordance with experience gained as to suitability of bait. In this respect, see General Public Health Section.

(4) *Measures taken for the detection of rat prevalence in ships and on shore.* Detritus from gnawing, and rat excreta, are searched for in suitable places during periodical inspections.

TABLE F.

Rats destroyed during 1931, on Vessels—Nil.

In Docks, Quays, Wharves and Warehouses :

Number of	Jan.	Feb.	Mar.	Apr	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec	Total
Black Rats ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown Rats ...	—	3	—	—	—	—	—	—	—	—	—	—	3
Species not recorded ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats examined	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats infected with Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—

No vessels have arrived direct at the Port during the year from a port infected with, or suspected to be infected with Plague, Cholera, Yellow Fever, Small Pox, or Typhus.

All ships visiting the Port were clear of rats when inspected and there was no call to subject a vessel to measures of rat destruction during 1931.

Hygiene of Crew's Spaces.

TABLE J.

Classification of Nuisances.

Nationality of Vessel.	Number inspected during 1931	Defects of original construction	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British ...	407	—	—	36
Other Nations	130	—	—	17

VII. (1) *Food Inspection.*

There are no imports of foodstuffs, except the marketing of onions and some potatoes from France.

The Authority's Analyst is available for examinations and reports, in addition to the local Public Health Laboratory service.

(2) *Shellfish.* Oyster fishing has been a staple industry of the district from time immemorial. There is evidence that Poole oysters were a relished delicacy even to the epicurean palate of the Roman visitors to these shores nearly 2,000 years ago.

The difficulty which had been met in recent years in maintaining a supply of oysters above reproach as edible shellfish was the result of the growth of the popularity of the District, and the presence close to the shores of the Bay and Harbour, of a population of some 200,000 inhabitants. The oyster is naturally a pure vegetarian ; it has considerable defensive powers against contamination from external sources, and, if placed in favourable circumstances, will effectually cleanse itself of any doubtful taint. Hence the present position of the trade in Poole oysters, viz., that oysters dredged from the Harbour generally shall be relayed at an approved area—the re-laying beds at Shipstal, in the Arne Reach of the Harbour—as a prior condition to their sale in open market.

Tests periodically carried out in the Borough Public Health Laboratories on samples of those which have been so relaid for a period of fourteen days, show them to have become by the process, a clean, marketable oyster capable of holding its own with the product of Whitstable and other reputed beds. The actual Laboratory tests carried out give the results in accordance with expectation, and show the dependability of the re-laying process at the Shipstal Beds.

The only test made during 1931 was as follows :—

Oysters from Shipstal—

No. of Lactose-fermenting organisms, 10 per oyster = 100% clean.

The close season extends from 15th May to 30th September each year.

The following extracts from periodical reports of the Chief Fishery Officer of the Southern Sea Fisheries District Committee and of the Committee itself indicate the present condition of the Oyster industry as it affects Poole.

Quarter ending 16*th April*, 1931.

" *Very few oysters have been taken from the grounds in the Solent. The poor summer of last year caused the spatting season to be a bad one and there have been very few signs of spat observable during this quarter.*

Only three licences have been issued during the present season for the purpose of dredging oysters in Poole Harbour. Dredging commenced in February last. I understand that the total number of oysters, the dredging of which was sanctioned in October last (*namely* 25,000) *has not yet been taken. By dredging the oysters the grounds were contemporaneously cleansed.* 520 *bushels of slipper limpets have been taken from the Harbour during the past Quarter and destroyed.*"

Quarter ending 16*th July*, 1931.

" *The season for dredging oysters throughout the District closed on the* 15*th May, and no dredging for oysters is permissible until after the* 3*rd of August next, but in the case of Poole Harbour the date is later, namely the* 30*th September next. Few oysters have been taken throughout the district.*

In order that there may be an improvement in the oyster fisheries, it is necessary that there should be not merely one, but several good warm spatting seasons. It is the absence of such spatting seasons since the abnormal mortality which was observed amongst oysters in 1921, *that has conduced to the poor state of the oyster grounds which is observable at present.*

A few years ago there were no slipper limpets in the oyster grounds in this district, but since their arrival they have increased in large numbers. I have noticed that slipper limpets are encroaching on the oyster grounds towards the western portion of the District, and I have found slipper limpets on the escallop grounds off Portland. During the course of my observations I found large numbers of empty slipper limpet shells on the foreshore at Hayling

Island. These shells appeared to have been washed on to the shore from the sea. I am unable to assign any cause for the presence of such an abnormal number of empty shells, but their presence suggests that there are slipper limpets in enormous numbers in that vicinity. Whether there has been any exceptional cause destroying the pests I am unable to say, but the remarkable number of empty shells suggests such a possibility."

Quarter ending 15*th October*, 1931.

" *No dredging for oysters has taken place since the season commenced. I am of opinion that owing to the sunless summer of the present year, it will be found that very little spatting has taken place, and there does not appear to be any likelihood of any immediate improvement in the oyster fisheries.*

* * * *

On the 19*th of September I made an inspection of the oyster grounds in Poole Harbour. Two dredges were employed on thirteen occasions for periods of five minutes each, with the result that* 63 *oysters only were taken and the average number of oysters per haul was* 4.8. *This is a very low average and very nearly approaches the lowest average during the last eleven years—which was* 4.2—*that being the average in September* 1925. *I was pleased to observe, however, that the oyster grounds appeared to be cleaner than they were last year I found that the number of slipper limpets was much less than in* 1929 *or in* 1930. *I attribute the reduction in slipper limpets to the efforts of the fishermen in taking and destroying these pests, for which services rewards have been given. There are still in some places large numbers of ascidia, but even in regard to these, there is a reduction compared with last year. As regards the oysters themselves, the grounds appear to be in a very poor state. I found only a few quarter ware spat of* 1929 *and I did not see any trace of any spat of* 1930. *The absence of spat was to be expected having regard to the cold weather experienced during the Spring and Summer periods of the present year coupled with the adverse weather conditions which prevailed in preceding years. The condition as to spatting is applicable generally throughout the district.*"

Quarter ending 15*th October*, 1931.

" *It was recommended that no sanction be given to the dredging of oysters from Poole Harbour during the current season, i.e., between* 30*th September*, 1931, *and* 15*th May*, 1932.

It was also recommended that in future payment be made by the Committee of 6*d. per bushel* (*instead of* 1s. *per bushel*) *for all slipper limpets taken from Poole Harbour and delivered to an officer of the Committee, subject to the total of the payments not exceeding* £10."

PART III

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

LIST OF COMMITTEE, 1931.

The Worshipful the Mayor :

Alderman J. A. Rogers.

Chairman :

Councillor Miss C. H. J. Paterson, J. P.

Vice-Chairman :

Councillor H. Y. Salkeld.

Members :

Alderman J. C. W. Julyan, J.P.

Councillors :

C. Grey-Edwards
R. H. Milledge
D. A. Haynes
F. W. Ostler
A. W. Welford.

Co-opted Members :

Rev. R. Fawkes
Mrs. Tatham
Mrs. Sansom
Miss S. L. Lewis
Mrs. Roberts.

INTRODUCTORY.

The more the general physical condition of the community is studied, the more we try to probe into and to eradicate the causes which act as a drag on healthy adolescence, whether in the home, in the school, or in the factory, the further back we are driven in our search for a means to fight these root causes, until we are forced to the conclusion that it will not do to wait until the school age to commence investigation and treatment. The beginnings of defective eyesight, of defective teeth, of "mouth breathing," are to be sought for and counteracted in the infant.

The "adenoid face" is reflected in the mother's bosom. It is not sufficient that the mother should breast-feed her baby. It is necessary that she should know the correct way to do it, and how she can keep herself fit to continue the process.

This is education, and education means not elementary lectures on Physiology, but "bringing out," as the word implies, what is latent in every expectant mother, the capability of rearing a healthy child on lines that nature, and not artifice, indicates.

But if the expectant mother herself is physically handicapped, should she be allowed to run unguided into a danger which may cost two lives ?

And, in so far as this work fails to reach that section of potential motherhood which is either too poor, too timid to seek advice, thoughtless, improvident, involuntarily ignorant, or unconscious of impending difficulty, so far will it fail in its purpose.

ORGANISATION.

The Medical Officer of Health is also Medical Officer for Maternity and Child Welfare. He is assisted by Dr. G. Chesney, Assistant Medical Officer of Health, and five full-time Health Visitor-School Nurses, who work on the district allotted to each, visiting the newly-born and children up to five years of age, giving advice to mothers and expectant mothers, and referring them, when necessary, for medical advice either to a practitioner or to a Clinic or Centre.

Ante-natal and Post-natal Clinics are held at the Municipal Buildings, Poole, on Mondays at 4 p.m. and on Thursdays at 11 a.m. ; and at the Branksome Council Buildings on Tuesdays and Fridays at 2 p.m., where expectant mothers, nursing mothers and their children, who for one reason or another do not attend either a family doctor or the Voluntary Association Centres, can interview the Medical Officer. The Health Visitors assist.

These Clinics, in conjunction with the home-visiting by Health Visitors, form a focus of investigation and assistance which leads in suitable cases to :—

(a) reference to a General Practitioner, the out-patient department of a Hospital, a Dispensary, or a Voluntary Centre ;

(b) the issue of milk or dried milk—free or at reduced rate, either for mother or baby ;

(c) admission to the maternity ward of Cornelia Hospital for some ascertained or expected complication of pregnancy, or occasionally where normal confinement cannot, from lack of suitable accommodation, be safely carried out at home ;

(d) admission to the infants' ward at Cornelia Hospital in suitable cases of debility, wasting, etc. ;

(e) admission to the Isolation Hospital in suitable cases of Puerperal Sepsis or Pyrexia, Ophthalmia Neonatorum, Measles complicated by Bronchitis, etc.

The ante-natal side of this work is closely co-ordinated with the Obstetrical and Gynaecological Clinics of Cornelia Hospital, where also is the Maternity Ward.

Acting in close co-operation with the Health Department, the Borough of Poole Maternity and Child Welfare Association, formerly the Poole Mothers' Association—an old established body of voluntary workers—is a valuable asset in the advancement of health in the town. It is subsidised by the Borough Council, has the advantage of the services of six local practitioners, and two dental surgeons, and the assistance of the Borough Health Visitors, who, with a salaried Superintendent (C.M.B.) and many voluntary helpers distribute their energies over five centres and Schools for Mothers, in the Poole, Longfleet, Newtown, Branksome and Heatherlands districts.

Particulars of the facilities are posted up, by arrangement with the Postmaster General, in the local Post Offices, and also in other meeting places and Institutions.

RECOVERY OF COST OF MATERNITY AND CHILD WELFARE HOSPITAL SERVICES.

Maternity Cases coming under the Scheme are of two kinds, (1) emergency, and (2) anticipated.

Bearing in mind that the principle involved is the reduction of maternal and infant mortality, emergency cases are admitted to Hospital on representation by a Medical Practitioner in attendance to the Medical Officer of Health that the case is a suitable one, and one in which delay would endanger the life of mother or of baby or of both.

After admission, enquiries are made in all these cases as to nature of husband's employment, total income, whether entitled to single or double maternity benefit, number in family, number of rooms in house, rent, etc.

It is found in some cases that a considerable doctor's bill has already been incurred, before the decision to seek admission into hospital is made.

With the qualification that poverty is not to be a bar to admission, it is obviously difficult to lay down a fixed basis which could equably be applied to any two successive cases. With known fixed scale, many cases would be deterred from undertaking the expenditure, preferring to take the risk under home conditions.

The maternity grant, where earned, is in all cases taken as part payment.

In anticipated cases, i.e., those which by visits to ante-natal clinic have been found to offer possibility of difficulty or danger, or where home accommodation is inadequate or unsuitable, the above scheme of enquiries is applied, and a signed agreement as to the husband's preparedness to pay the whole, or any part adjudged by the Medical Officer of Health, of the Hospital expenses, is obtained before admission of the case.

Experience, however, has shown that cases expected to be normal have ultimately presented some complication which has necessitated the retention of the case, not for the usual fortnight, but for four or five weeks.

An anxious husband may have been attempting to save up for the expected expenditure—having tried to ascertain what that is likely to be—and having signed his agreement on the above basis is relieved from a certain amount of anxiety.

In *Child Welfare Cases* the financial condition of the parents is ascertained to be such as to preclude the possibility of the child receiving the required treatment in ordinary course.

There remains, however, the class of case still deserving of treatment on the principle of life saving, where the parents either through ignorance, inexperience, indifference or thriftlessness would defeat the principle if left on their own responsibility for the welfare of the child.

It results that the income side of the account in this respect usually remains negligible.

WORK DONE UNDER THE BOROUGH SCHEME.

The Medical Officer of Health and his staff have carried out the following work during the year.

(1) *Home Visiting.* The Health Visitors, and the Medical Officer where considered necessary, have paid 470 visits of advice to expectant mothers, and 10,025 visits to infants and children under school age.

(2) *Ante-natal, Post-natal and Infant Welfare Clinics.* The Medical Officer or the Assistant Medical Officer personally attends all clinics. At these, advice, and, where advisable, treatment, have been given to 288 expectant or nursing mothers, who made 1,674 visits to the Clinics ; to mothers on behalf of their children

in 433 individual cases, who made 3,783 clinic visits. These attendances show a considerable increase on those of 1930.

In the ante-natal care of mothers, examination of urine is made during the last three months. 53 such examinations were made in all.

Records of blood-pressure are also kept, as an adjunct in anticipating possible complications.

There is also established at Cornelia Hospital in co-operation, on Thursday afternoons, an ante-natal clinic, at which the expectant mothers who are waiting admission to the Maternity Ward under the Scheme meet, and are examined and kept under observation by the Obstetrician who will attend them during their stay in the ward.

The Hospital records show that of 83 expectant mothers attending the Hospital Ante-natal Clinic 67 were referred from the Municipal Clinic, 11 by general practitioners, and 3 by a practising midwife. Those referred by the Medical Officer made 152 such attendances. Ultimately all those referred under the Borough Scheme passed through the Maternity Ward.

(3) *Issues of Milk and Dried Milk.* In certain cases and under close supervision, dried milk is sold at cost price for use of infants where for definite reasons the mother's milk is not available, or where seasonal conditions render ordinary cow's milk undesirable. This part of the Scheme is self-supporting, but no profit accrues.

Cow's milk at reduced rates, or free issues of cow's milk, are allowed—in most cases to the amount of one pint per individual per day—where the household income does not exceed a sliding scale approved of by the Ministry of Health. It has been granted, usually in four-weekly periods and renewable, in 219 cases, an increase of 86 on 1930.

In some cases the issues commenced with those expecting to become mothers within three months, or with mothers nursing their infants whose breast milk showed signs of insufficiency.

In suitable cases the milk was continued for the direct benefit of the infant, where for an ascertained reason the mother's milk was not available or suitable, and in a selected few the issue was carried into the second year, where home conditions were handicapping the child.

(4) *Hospital Services for Maternity and its Complications.* Accommodation is provided at Cornelia General Hospital and at the Borough Isolation Hospital (for Puerperal cases).

In 1931 67 cases were admitted, as compared with 56 in 1930. 35 of the admissions were cases of emergency, of which three required the Caesarean operation. There were, amongst these 35, one death and 4 stillbirths. There were 30 live births in the 32 " accommodation " cases. Details are to be found below.

(5) *Hospital Treatment under Child Welfare Scheme.* Five infants have received attention as in-patients at Cornelia Hospital. Details are to be found below.

HOSPITAL ADMISSIONS.

Maternity.

No.	Nature.	No. of Deliveries.		Deaths.					Abortions.
				Maternal.	Infantile.		Stillbirths.		
		M.	F.		M.	F.	M.	F.	
1	Secondary Anaemia ...	—	1	—	—	—	—	—	—
1	Leucorrhoea	—	—	—	—	—	—	—	—
10	Slight Contracted Pelvis	5	4	—	—	—	1	—	—
10	Contracted Pelvis	7	2	—	—	—	1	—	—
3	Contracted Pelvis (Caesarean Section)	3	—	1	—	—	—	—	—
1	Albuminuria	1	—	—	—	—	—	—	—
1	Eclampsia	1	—	—	—	—	—	—	—
3	Abnormal Presentation	1	—	—	—	—	—	2	—
5	Concurrent Disease	2	3	—	—	—	—	—	—
32	Accommodation	17	13	—	—	—	2*	—	—
67		37	23	1	—	—	4	2	—

* 1 sex not determined.

HOSPITAL ADMISSIONS—(*contd.*)

Infants.

Provisional Diagnosis	Discharged			Remaining in Hospital.	Died.	Total.
	In Good Health.	Improved	No Improvement			
Marasmus, Nutritional	—	3	—	1	—	4
Anaemia	—	1	—	—	—	1
Total	—	4	—	1	—	5

OPHTHALMIA NEONATORUM.

This threatened blindness in the newly-born infant from a damaging infection of the eyes has not been found at all during the year in 900 live births.

That the numbers should have dropped from the 21 cases of 1921 to 9, 5, 4, 4, 3, 2, 4, 1, 1, and finally 0 in 1931, is testimony to good work on the part of the practising midwife, good following up by Health Visitors, and, not least, better education in Hygiene on the part of the mother.

MIDWIVES ACTS, 1902-1926.

On October 1st, 1930 the Council became the local Supervising Authority by transfer from the County Council.

There were at the end of 1931, 30 midwives on the practising Roll, distributed as follows :—

Living in and practising within the Borough ...	14
Living outside, and practising within the Borough	6
Living and practising in Institutions in the Borough	10
	30

Between these dates, medical aid was summoned in 101 cases.

CHILDREN ACT, 1908 (PART I).

The duties of supervision of children boarded out with foster mothers were taken over on 1st April, 1930.

With the general supervision of the Medical Officer, each of the five Health Visitors is an authorised Inspector under the Act, and their work under this Act is closely associated with that carried out for the Maternity and Child Welfare Scheme generally, many of the foster mothers making regular attendance at either clinic or a voluntary Centre.

There are 46 foster children on the Register at the end of the year, in the care of 44 foster mothers.

NURSING HOMES REGISTRATION ACT, 1927.

The work of supervision under this Act was transferred to the Borough, from the County Council on April 1st, 1930.

There are 9 institutions on the Register, one being exempt and 8 subject to supervision, of which latter 4 are described also as Maternity Homes. These are in charge of qualified midwives subject to supervision under the Midwives Acts.

VOLUNTARY WORK.

The Borough of Poole Maternity and Child Welfare Association. The workers of this association, which is subsidised by the Borough and is under the guidance of the Medical Officer and the Health Visitors, continues to give most valuable support to the aims of the Municipal Scheme. It is now in the 24th year of its activities, and is one of the pioneers of this work in the country.

Drs. Katherine Andrew, Bowes, Mackwood, Slater, Walker and Storrs have held during the year 117 medical consultation clinics, at which 3,957 attendances were made by 488 infants and young children. 421 mothers made 6,440 attendances at the five Centres where 77 Health Talks were given, amongst the other activities of the association. The Superintendent paid 2,188 visits to homes.

The activities of the Association include a Maternity Provident Club, Savings Bank, Dental Club, Sale of Children's Garments, and loan of Sick Room requisites, bed linen, packs, etc.

INFANTILE MORTALITY.

Reference to Table A of the Public Health Section of this Report will show that 1929 gave the lowest death rate amongst infants, being 46.3 per 1,000 live births. In 1930 the figure rose to 57.6, the increase being largely due to ante-natal causes.

In 1931, it is a pleasure to report a new low record. The total number of infants dying under one year of age was 39, in 902 live births, giving a mortality rate of 43.2 per 1,000 born. For a partly industrial centre, this may be considered a very satisfactory figure, the rate for England and Wales as a whole being 66, and for the larger towns of the country, among which Poole is classed, 70.

Examination of the cause of death (see Table C) as certified by the medical attendant in each case, shows that 22 of the 39 were directly or indirectly due to some ante-natal cause affecting the mother, which prevented the child from entering the world with a fair chance to survive. In the previous year there were 37 such out of 54.

There were also 37 stillbirths not included in the above figures, and these have to be added to the toll of infant life sacrificed to abnormal ante-natal maternal conditions. So that altogether 62 potential lives were lost on this account, as compared with 74 in 1930.

16, or 41 per cent. of the whole, did not survive one month, and are described as neo-natal deaths. 14 of this 16 died from ante-natal causes. Of this 16, 12 were under one week at the time of death.

It would be futile to suggest that any form of organised Health activities could hope to wipe out this wastage. There are too many factors at work, human nature included. But what we can hope for is that the development of accessible Centres for ante-natal advice, and of maternity facilities freed from the anxieties of awkward home conditions, with advisers whose personality and experience can spread mutual and general confidence, will result that the girl of to-day, who has grown to girlhood with a more active appreciation of the laws of Health and Hygiene, may in her motherhood be spared many of the avoidable mischances of the past.

DEATHS OF CHILDREN FROM 1—5 YEARS.

I repeat below a comparative table which shows from year to year the proportion of deaths of infants under 1 year and of children under school age. It will be seen that the reduction in loss of infant life, as indicated by the gradual fall in the percentage of infant deaths compared with the total deaths, is not, as some critics would assert, merely a postponement of death into the second year of life. The reduction in the percentage loss of " toddlers " over the period reviewed is greater than that achieved for infants, which goes to show that to whatever causes the improvement in the infant's chance of life is due, these are sufficiently sound to gain enhanced effect as the child grows older. It is not too bold a claim to assert that Maternity and Child Welfare Work is one of these causes.

Year	Population.	Births	Deaths under 1 year	Per cent. of Total Deaths	Deaths 1—5 years	Mean Deaths 1—5 by four-yearly groups.	Per cent. of Total Deaths	Deaths over 5	Per cent. of Total Deaths	Total Deaths
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11
1907	32518	895	68	16.3				316	75.8	417
1908	33217	880	87	19.4	43			318	71.0	448
1909	33524	933	83	17.8	40			343	73.8	468
1910	34168	884	73	16.8	43			318	73.3	434
1911	39102	936	118	21.6	45	42.75	9.0	384	70.2	547
1912	40386	918	81	17.7	28	39.00	8.2	348	76.1	457
1913	41066	910	75	16.6	23	34.75	7.4	354	78.3	452
1914	41889	883	68	14.1	38	33.50	6.9	375	77.9	481
1915	42800	812	76	14.6	38	31.75	6.6	406	78.1	520
1916	42331	840	64	12.0	43	35.50	7.1	428	80.0	535
1917	42335	690	58	11.0	40	39.75	7.7	432	81.5	530
1918	43829	680	55	9.4	36	39.25	7.2	491	84.4	582
1919	41100	769	48	9.1	21	35.00	6.4	458	87.0	527
1920	43400	1024	77	16.4	13	27.50	5.2	381	80.9	471
1921	43649	951	70	13.4	9	19.75	3.8	442	84.8	521
1922	43250	865	69	11.1	32	18.75	3.5	522	84.1	623
1923	43860	845	51	9.8	18	18.00	3.4	454	86.8	523
1924	45150	814	54	10.3	21	20.00	3.9	450	85.7	525
1925	46150	837	60	11.1	20	22.75	4.2	462	85.2	542
1926	49150	861	46	8.3	11	17.50	3.2	496	88.7	553
1927	51030	895	52	8.3	9	15.25	2.4	567	90.3	628
1928	52940	916	46	7.4	22	15.50	2.5	553	89.1	621
1929	53870	905	42	5.9	27	17.25	2.4	640	90.5	709
1930	56150	939	54	7.9	19	19.25	2.8	623	89.5	696
1931	56780	902	39	5.5	23	22.75	3.2	647	91.3	709

MATERNAL MORTALITY.

There was one death during the year from Puerperal Fever, and six mothers were notified as having died from other complications.

PART IV.

School Medical Service.

SCHOOL MEDICAL SERVICE.

LIST OF EDUCATION COMMITTEE, 1931.

Chairman :

Alderman H. S. Carter, J.P.

Vice-Chairman :

Councillor M. J. Wheatley.

Aldermen :

F. J. Bacon, J.P.
A. E. F. Cornwell.
H. J. Cole.
J. C. W. Julyan, J.P.

Councillors :

Miss C. H. J. Paterson, J.P.
A. H. Johnston.
G. W. Green, J.P.
W. C. J. Shortt.
A. W. Welford.

Co-opted Members :

Miss Barker.
Miss Barnes.
J. Stanley Little.
A. J. Mockridge.
Miss Budge.
H. W. Hicks.
E. Lack.
J. W. White.

STAFF:

School Medical Officer	R. J. Maule Horne, M.A. (Hons.) M.B., Ch.B., B.Sc., D.P.H.
Asst. School Medical Officer	G. Chesney, M.B., B.Ch., B.A.O., D.P.H.
Ophthalmic Surgeon	*Alex. Stables, M.B., C.M.
Ear, Nose and Throat Surgeon	*C. Salkeld, B.A. (Lond.), M.B., B.S. (Durham).
Radiologist	*D. D. Malpas, M.R.C.S., L.R.C.P.
Anaesthetist	*J. C. A. Norman, M.R.C.S., L.R.C.P.
Dental Surgeons	*L. B. Myers, M.B.E., L.D.S. *R. G. S. Holmes, L.D.S.
School Nurses and Health Visitors	Miss A. L. Hooper. Miss L. B. Lever. Miss C. C. Mount Batten. Mrs. H. I. Partridge. Miss B. A. Sydenham.
Chief Clerk	F. B. Edwards.
Clerk	Miss I. D. Maynard.

*Part-time Officers.

PREFACE.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to present to you my eleventh Report on the School Medical Service of the Borough. This Section of the Annual Report has been reviewed by Dr. George Chesney, Assistant School Medical Officer.

The School Medical Service is not a self-contained unit. It runs in Poole closely parallel with the Child Welfare Service, and the working organisation is the same both in personnel and in methods. This is an advantage which it is more difficult to achieve in a community of much greater size than Poole. But its importance cannot be over-estimated if a serious attempt is to be made to eradicate the chief defects found in the young schoolchild of five years at its initial medical overhaul. Many of these defects have been allowed to develop from infancy. In some cases they are due to a lack of understanding on the part of the parent, to whom our educational endeavours must be freely extended in Health propaganda. Intimate co-ordination between the School Medical Service and the Maternity and Child Welfare Schemes of the Borough must be assiduously maintained.

The average percentage attendance throughout the year was 90.46, *this figure having been only twice previously exceeded, in* 1923 *with* 91.0, *and in* 1926 *with* 90.5*—both years with a good health record.*

Reference has recently been made in Reports elsewhere to the value of X-Ray treatment in reducing the incidence of Ringworm of the Scalp. It should be remembered that the application of X-Rays does not treat the infection—it brings about the removal of the hairs, both healthy and unhealthy. Its value as a preventive measure is questionable. The development of the understanding of better hygiene of the head is the valuable factor. The following figures may help to show that in Poole X-Ray treatment has not been encouraged of late years. The numbers affected steadily decreased until 1929, *and school absenteesim was not unduly prolonged.*

Year.	*Cases.*	*Treated by X-Rays.*
1921	61	35
1922	75	12
1923	28	7
1924	20	1
1925	20	5
1926	21	Nil
1927	12	Nil
1928	6	Nil
1929	6	Nil
1930	19	Nil
1931	18	1

The activities of the Diphtheria Immunisation work of the Council are, as is to be expected, most evident amongst the School population. Let us hope that the unnecessary loss from diphtheria of 26 *children, all under* 15 *years of age, during the last three years, will drive home to every thinking person the value of the prevention work that is at their service, and keep the clinic busy until every toddler and child is secure.*

I have to thank again all who have assisted in the work of the School Medical Service, whether in Committee, in Schools, in Clinics, or in Office.

I am,
Your obedient Servant,
R. J. MAULE HORNE,
School Medical Officer.

Poole, June, 1932.

I. STAFF.

There have been no alterations in the staff during 1931.

II. CO-ORDINATION.

There are in the Borough 15 Public Elementary Schools under the control of the Local Education Authority, with a total of 29 departments, and accommodation for 6,667 children. The number of names on the register was 6,641, and the average attendance was 5,908.

Of the 15 Public Elementary Schools, 8 are Council schools, with 15 departments and accommodation for 3,983 children, and 7 are non-provided schools, with 14 departments and accommodation for 2,684 children

The Russell-Cotes Nautical School, with accommodation for 70 boys, is situated within the Borough, but being a special school having its own Medical Officer, it does not appear in the figures relating to the School Medical Service proper.

There are in addition 19 private schools, and it is proposed during 1932 to carry out a survey regarding their accommodation, average number of scholars, age groups, and hygienic conditions.

The fact that the School Medical Officer is at the same time Medical Officer of Health, in charge of the Borough's Maternity and Child Welfare Scheme, and Medical Superintendent of the Borough Isolation Hospitals, admits a unification of control, a continuity of effort, and a possibility of " following-up," which becomes more difficult of achievement in a community of larger numbers.

A School Medical Service is firstly preventive, secondly advisory, and thirdly remedial. In its preventive aspect, its function is to keep healthy children well, and to safeguard them where possible from unhealthy contact. In its advisory aspect, its function is to detect incipient or unknown ill-health in the school child, and to direct it to its proper curative guide, the family doctor. The remedial aspect takes shape in two forms—(*a*) to deal with such minor ailments as do not in themselves demand a doctor's services, but which, if left uncontrolled, may ultimately become more serious, to the detriment of educational progress, and (*b*) to organise a scheme of treatment for defects of a more specialised nature, which, though requiring expenditure prohibitive in many individual cases, yet when so organised can be economically brought within the reach of all whose health would benefit by its application.

As being special in nature, the defects require specialised treatment, hence the co-operation in the scheme of the services of the local specialists in each sphere—the Eye, the Ear, the Nose and Throat, the X-Ray, the Orthopaedic and the Dental Specialist.

To carry the service into effect in as complete a manner as possible, the work is sub-divided into :—

(1) Routine and Special Inspections by the School Medical Officer, with School Nurse and clerical assistance.
(2) Class-by-class inspections by School Nurses.
(3) Clinics for advice and treatment.
(4) Following up.

Medical Inspections. To systematise this work, all children at entrance and at fixed age periods in their curriculum are thoroughly examined. Parents are in all cases invited to be present. Children who are found to have some definite defect or defects are scheduled as " specials " for re-examination periodically, unless in the meantime the defects which can be so corrected have been attended to either by the parent's arrangements with the family doctor, or by means of the School Clinic system in operation.

These medical inspections apply at present to Elementary Schools only.

Class-by-class Inspections. The School Nurses visit Schools periodically for the purpose of making rapid surveys of general scope, such as personal cleanliness, to detect undesirable, contagious or possibly infectious conditions, and to act generally in co-operation with the School Staff in preserving the general health tone of the Schools.

Clinics. Facilities for advice and treatment are provided as follows :—

(*a*) *Minor Ailment Clinics.*
    (i) Poole Council Buildings. Each School day at 9 a.m.
    (ii) Branksome Council Buildings. Each School day at 9 a.m.

Every child sent to the Clinic by General Practitioner, by School Head, by School Attendance Officer, or by Parent, is seen by the School Medical Officer, who determines whether each is a suitable case for clinic treatment, and if so, arranges for treatment accordingly. If the defect is of a special nature, calling for the services of a specialist, the child in course receives attention at one of the following operative clinics :—

(*b*) *Dental Clinic.*	Poole Council Buildings : Mondays, Wednesdays and Fridays, 2 p.m.
(*c*) *Eye Clinic.*	Cornelia Hospital : each Tuesday at 3.15 p.m.
(*d*) *Nose and Throat Clinic.*	Cornelia Hospital : each Monday morning at 10.30 a.m. ; with in-patient accommodation for such cases as are considered suitable for retention in Hospital.
(*e*) *X-Ray Clinic for Treatment of Ringworm.*	Cornelia Hospital : each Monday afternoon at 3 p.m.

For protection against the dangers of Diphtheria, the Public Health Department opened an immunisation clinic in October, 1929. This is held at the Poole Minor Ailment Clinic on Tuesdays at 11 a.m.

For the abnormal child—the dull or backward, the deaf and dumb, the blind or partially blind, the cripple, the epileptic, and the mentally defective, the aim is to arrange in suitable cases for admission to a special class, school or institution, where the child's disability may present the minimum of disadvantage to himself and those around him, and offer the best chance of progress.

III. SCHOOL HYGIENE.

During the year, considerable alterations and additions were carried out at Hamworthy and Oakdale Schools, and at present Lagland Street Infants School is being extended and modernised. The building of an additional school for the rapidly developing Upper Parkstone area, where considerable congestion in the present schools exists, has been decided on, and at present the selection of a suitable site is under consideration.

The sanitary conditions of the Council schools are on the whole satisfactory, but the older and out-of-date buildings of the majority of the non-provided schools unfortunately leave much to be desired. A specialised report is withheld in view of the general reorganisation scheme which is still in hand.

The provision last year of a hygienic drinking fountain in each school department has been an advance in the prevention of infectious diseases amongst the children, though its beneficial results cannot be expressed in statistics.

The Dusmo system of school cleaning is being continued.

IV. MEDICAL INSPECTION.

The routine medical inspection of the three age groups (Entrants, Intermediates and Leavers) is carried out at the schools, except in a few instances where suitable arrangements cannot be made without interfering with the school routine. The provision of a room suitable for medical inspection is being considered in any projected plans for new school buildings.

During the year 642 entrants, 750 Intermediates (children of the age of 8 years), and 495 Leavers (children of the age of 12) were examined—a total of 1,887, as compared with 1,621 in 1930. In addition 311 children were re-inspected at school as " specials."

In Table II. a detailed list is given of all defects found in children at routine and special medical inspection.

V. FINDING OF MEDICAL INSPECTIONS.

Clothing and Footwear. Of 1887 children examined, 7 were found definitely unsatisfactory in clothing, and 12 in footwear.

Nutrition. 97 of the 1,887 were below normal, and of these 7 were below par to such an extent as to render the way easy for permanent or chronic ill-health.

Uncleanliness. No children had head lice, and none were found with body lice. 257 of the 1,887 children were found to have nits of the head louse in their hair. 71 had prominent marks of the bites of fleas. In some cases both conditions were present. The figures were 218 and 48 respectively in the 1,621 children examined in 1930. This leaves much to be desired, and it is hoped that as the young generation grows up, education in personal cleanliness will remove this stigma.

Teeth. The figures given below are the results of the School Medical Officer's inspection, not of the Dental Specialists, and are given to show the general trend of the results.

Percentage with	1927	1928	1929	1930	1931
All teeth sound ...	37.4	54.0	53.7	49.7	43.6
1—3 defective	37.2	29.5	29 9	29.0	34.7
4 or more defective ...	25.4	16.5	16.4	21.3	21.7

The round 20 per cent. at the bottom of the scale are to a great extent "irreconcilables," who are likely to remain in spite of advice and teaching.

Apart from these irreconcilable objectors, inspection shows that even by the age of five years the temporary teeth have been the victims of injudicious training and diet to such an extent as seriously to interfere with successful effort on the part of the Dentists to preserve them.

Education of the parent in the sphere of child welfare has not up to the present penetrated sufficiently with regard to suitable diet for and care of the milk teeth.

The following figures for the year show both the high ratio of decay in the young children and the desirable results of the Dental Scheme in the older scholars.

	Entrants	Intermediates	Leavers	Total
Examined ...	642	750	495	1887
Teeth sound ...	241	295	287	823
1—3 decayed ...	200	272	184	656
4 or more decayed	201	183	24	408

Skin. In 1930, one case of ringworm, 3 cases of impetigo, 1 case of scabies and 32 minor skin defects were found. In 1931 the figures are 13 cases of impetigo, 2 cases of scabies and 36 minor defects.

Eyes. 166 of the 1,887 children examined had defective vision, while 30 had squint. 5 children had blepharitis and 3 conjunctivitis at the date of examination.

Ears. Four of the children examined had some degree of deafness, but not to a degree to hamper their progress in an ordinary school. A history of intermittent otorrhoea was found in 10.

Nose and Throat. 266 of the 1,887 children showed unhealthy tonsils, in 4 cases definite adenoid growths existed, and in 31 both conditions were present.

It is a noticeable feature that, where the derangement of the tonsils was not due to a temporary cold or sore throat, the more aggravated and chronic enlargement in most cases coincided with a mouthful of bad teeth.

Enlarged Glands in the Neck. 150 children out of 1,887 were found on examination to have glands which were then or had lately been reacting to some unhealthy condition of scalp, ears, throat or teeth.

Defective Speech. 7 cases of speech defect, of mild degree, were found.

Heart and Circulation. 4 children suffered from organic heart disease, while a further 38 showed a functional derangement. Twelve had a noticeable degree of anaemia.

Lungs. 39 of the 1,887 children were subject to recurrent bronchitis. 16 could be described as "pretubercular," and suitable for an Open-Air School.

Deformities. Among the 1,887 children, 7 suffered from a slight form of rickets, one from spinal curvature, and 25 from other forms of deformity.

Nervous System. Three children were found to be subject to mild epileptiform attacks, and there were 8 cases of other forms of disorder of the nervous system.

Other Defects and Diseases. 8 cases of hernia were found. Three children had slight enlargement of the thyroid gland, and 10 showed evidence of mental deficiency.

"Specials." Of 311 specials re-examined, the defective condition previously found had been completely rectified in 64. In a further 98 the condition was definitely improved, and in the remaining 149 no change could be observed.

Vaccination. In accordance with recent instructions on vaccination issued by the Ministry of Health, one or more marks are now accepted as evidence of effective vaccination. In 1931 :—

of 642 children under 8 examined, 20.1 per cent. were found to be vaccinated ;
of 750 children of 8, 24.0 per cent. were found vaccinated;
of 495 children of 12, 22.4 per cent .were found vaccinated.

VI. INFECTIOUS DISEASES.

The year has not been noteworthy in respect of any epidemic of infectious disease. During the first quarter of the year, influenzal and infectious colds caused some absenteeism, two Low Attendance Certificates being issued on this account in February, and there were limited outbreaks of chickenpox and whooping cough, but no epidemic waves.

The epidemic of diphtheria which, commencing in the latter months of 1928, reached its height in 1929 and carried over into 1930, has now died down, and the numbers recorded for 1931 approach the normal average. The Diphtheria Immunisation Clinic commenced in October, 1929, has been continued during the year. A record of its work as affecting school children is given under section 22 of this report.

There were 78 cases of diphtheria in elementary school children. Of these, 49 were faucial cases, 2 laryngeal and 27 nasal cases. In addition, 14 children were isolated at the hospital as dangerous carriers. A close follow-up of all convalescent cases was maintained. Each child before returning to school after discharge from hospital was examined by the Medical Officer, particular attention being paid to the condition of the throat and nose. In each case swabs were taken of the throat and nose, and two consecutive negative reports were obtained before allowing the child to return to school. By this means undetected convalescent carriers were reduced to a minimum. Out of 82 convalescents who had given three negative cultures before discharge from Hospital, 65 gave negative cultures on re-swabbing before being sent back to school, and 17 gave positive or doubtful cultures. The 17 children giving positive cultures were kept excluded from school under strict observation until four negative cultures were obtained. In four persistently positive cases, virulence tests were done with negative results. Contact carrier cases encountered during the year were dealt with by home isolation, the parents being given printed instructions regarding the necessary precautions to be taken. The undetected nasal case, with its highly infective discharges, is more responsible for the spread of the infection than the "clean" carrier, and the large number of nasal cases discovered and removed to isolation is due to the unremitting zeal of the school nurses, who throughout the year carefully combed the schools, all children with cracked and excoriated nostrils with irritating discharge being swabbed and brought to the notice of the Medical Officer.

There were 34 cases of scarlet fever among elementary school children, the majority of these occurring in Parkstone. There were only 6 cases in the schools in the old Town.

773 visits were made to the homes of school children in connection with the occurrence of infectious diseases and the "following up" of the contacts.

VII. FOLLOWING-UP.

At the School Medical Inspection, the parents of children found with minor defects are given verbal instructions regarding the necessary treatment, and in suitable cases the children are referred to the Minor Ailment Clinics. More serious defects are followed up by a formal printed notice to the parents. Dental cases are referred to the Dental Clinic. Cases of unhealthy or enlarged tonsils and adenoids are admitted to the Cornelia Hospital for operation under the School Medical Scheme. Arrangements are being completed for an Orthopaedic Clinic at Cornelia Hospital to deal with crippling defects.

Defective children are re-inspected by the Medical Officer at the school as "specials," and the notice to parents regarding treatment is sent a second time if no steps are found to have been taken to deal with the defect.

Unaccountable absences from school are followed up by the School Attendance Officers, and many of these absentees are subsequently referred to the clinics.

The School Nurses paid 426 "rapid inspection" visits to the schools, covering in these inspections 47,957 children, and passing on to the appropriate clinic for necessary advice or treatment 1,100 of the children.

VIII. MEDICAL TREATMENT.

The Minor Ailment Clinics at Poole and Branksome are open from 9 to 10 a.m. each school day. Children are referred to these clinics from the school medical inspections, from the schools by the School Nurses or Head Teachers, by the Attendance Officers, or are brought by their parents. Minor ailments are attended to by the Medical Officer and the Nurses, and special defects are referred to the appropriate clinic or to the hospital, while general medical or surgical conditions are referred as a rule to the family doctors, and in certain special cases to the hospitals.

During the year, 3,249 cases were seen by the Medical Officer at the Minor Ailment Clinics. In addition, there were 7,812 subsequent re-inspections of these children, with necessary treatment. The total number of attendances was 18,873. This figure does not refer to individual children. Some children attended on several occasions presenting varying minor ailments.

Minor Ailments and Skin Conditions. Uncleanliness of the head in the form of nits and vermin was dealt with in 158 children. In many the condition showed great neglect on the part of the parents. 43 of these children had to be excluded from school, with subsequent loss of grant. Two Sacker combs are kept at the Clinics, and are lent out when necessary. Repeated instructions have been given to the parents regarding the methods of dealing with this uncleanly condition.

Ringworm of the scalp was detected in 18 cases. All with one exception proved amenable to treatment at the Clinic. One case was referred to hospital for depilatory treatment by X-Ray. Ringworm of the body was found in two cases.

There was an increase in the incidence of scabies, 55 cases being treated during the year. In several instances two or three children in one family were found to be infected, and some parents showed great carelessness and lack of interest in the effort to rid their children of this disagreeable infection.

There was a decrease in the cases of impetigo, 61 being found, compared with 95 in 1930. Septic sores, abrasions, cuts, bruises and boils numbered 1,015, compared with 1,378.

Tonsils and Adenoids. 229 children with unhealthy or obstructive tonsils and adenoids were dealt with. This number includes cases referred from the School Medical Inspections. Of these, 157 received operative treatment at Cornelia Hospital under the School Medical Service Scheme, and 20 by private arrangements. In 1930, 138 were dealt with by operation under the School Medical Service Scheme.

Tuberculosis. One child was found to be suffering from pulmonary tuberculosis and four cases of tuberculous glands were seen during the year, and were referred to the County Dispensary. Two cases of tuberculosis of the spine were referred to the Cornelia Hospital. Ten children were kept under observation on account of indefinite pulmonary symptoms.

External Eye Disease. Defects of the eye occurred in 72 cases, including one case of keratitis and two of corneal ulcer.

Vision. The number of children referred for the first time to the Refraction Clinic at Cornelia Hospital was 175. Of these 118 actually attended.

A further 150 children who had in previous years been provided with glasses were notified to attend for a re-test and 99 actually attended for re-examination of their sight.

Of the above, spectacles were prescribed for 143, of whom 120 took advantage of the Borough Scheme to obtain glasses or new glasses—a proportion of 83.9%. Several other children are known to have had glasses provided from other sources.

After provision of spectacles, parents are advised to bring the child to the School Clinic, so that the fit and suitability of the glasses may be confirmed.

Ear Disease and Hearing. Defects of the ear and hearing were found in 74 cases. Cases of chronic otorrhoea were referred to the Aural Surgeon at Cornelia Hospital, and in several cases tonsils and adenoids were removed with a view to clearing up the condition.

Dental Defects. 226 children voluntarily attended the Minor Ailments Clinic for dental treatment, on account of their teeth.

This is continued testimony to the popularity of the Clinic for a usually distasteful proceeding.

The Dental Surgeons inspected at the Schools 5,803 children, of whom 3,841 were ascertained to require treatment. Altogether 1839 actually attended and received treatment, approximately 48 per cent of the whole.

There is not included in these figures a proportion of children whose parents, on the information and advice gained by the inspections, obtained dental treatment otherwise than through the School Dental Clinic.

Analysis of the ages of children inspected by the Dental Officers and the proportion requiring treatment, is given below.

Ages	5	6	7	8	9	10	11	12	13	14	Total
Inspected	524	605	663	729	749	817	737	487	398	94	5803
Referred for treatment	321	395	489	498	533	507	467	314	255	62	3841
Percentage requiring treatment	61.3	65.3	73.8	68.2	71.2	62.1	63.3	64.5	64.1	65.9	—
Percentage in 1930	63.8	67.6	66.5	70.2	71.0	66.1	65.5	57.0	61.8	65 0	—

Mr. Myers, the Senior Dental Surgeon, reports as follows :—

Poole.

I am very pleased to state that we have had quite a successful year's working in the School Dental Clinic.

We have examined 5803 children, and the average school attendance was 5908 ; this is an increase of 519 over last year.

The attendances at the Clinic for treatment have also increased by 92, and the work done has been very much more.

Even with this all round improvement, I still think that more should be done in the schools to educate and encourage the children to attend the Clinic, also to impress upon them the fact that good teeth and healthy mouths mean good health.

LANCE B. MYERS,
Jan. 18th, 1932. L.D.S., R.C.S., ENG.

Crippling Defects and Orthopaedics. Six cases of crippling defects were dealt with, and in two of these arrangements are being made for admission to Hospital Schools. An Orthopaedic Surgeon has now been appointed at the Cornelia Hospital, and suitable cases are referred to him for advice and treatment. It is hoped that in the near future an approved Orthopaedic Scheme for School children will become reality.

IX. OPEN-AIR EDUCATION.

There are no open-air schools in the Borough, but in the additions and alterations to existing schools carried out during the year, the aim has been to approach as nearly as practicable the open-air type of school building. It would be well for the health of the school population if all elementary schools were built on the semi-open-air system, for if education in the open air is beneficial to the delicate child, it necessarily follows that it would be of great value in maintaining health in the normal child.

X. PHYSICAL TRAINING.

There is no organiser of Physical Culture under the local Education Committee, but many of the teachers have had special instruction in this branch of education, and in the curriculum of all the schools time is set apart for exercises and physical training.

Organised games are played in most of the schools, and Football, Netball and Cricket are popular.

It is being clearly recognised that a good posture and correct carriage cannot be attained in growing children unless they are trained and taught how to attain these.

XI. PROVISION OF MEALS.

Up to the present there has not been provision of meals at the public elementary schools. During the year, however, with the approval of the Education Committee, several schools have instituted a self-supporting scheme for the supply of milk to the children midway through the morning school session, each child paying the cost of the milk supplied.

XII. SCHOOL BATHS.

None of the elementary schools are provided with baths, but during the summer months large numbers of school children attended the Open-Air Sea Water Swimming Pool in Kingland Road. Arrangements are in force whereby classes of 20 from the schools are given instruction in swimming half an hour once a week, a small grant for this purpose being made by the Education Committee. From 20 School departments, classes averaging 18 children were given 10 lessons, giving a total of 3,632 attendances of school children under this scheme.

XIII. CO-OPERATION OF PARENTS.

The parents of all children are requested to attend at the routine medical inspections, so that in case of abnormal conditions an accurate history of the defect can be ascertained and suitable advice given.

The interest taken by the parents in this work for the maintenance of the health of childhood continues, especially at the first examination.

PERCENTAGE OF ATTENDANCE OF PARENT OR GUARDIAN.

	1927	1928	1929	1930	1931
Entrants ...	72.3	62.4	67.2	67.4	67.3
Intermediates	44.0	43.8	44.8	51.2	50.7
Leavers ...	24.2	16.0	22.5	22.6	27.1

A large number of parents accompany the children referred to the Minor Ailment Clinic, and in the majority of cases show keen interest in the welfare of their children and in the efforts of the School Medical Staff to attain and maintain a high standard of fitness in the children under their care.

XIV. CO-OPERATION OF TEACHERS.

There is close co-operation between the School Medical Service and the teachers. The lists of children for routine medical inspection are submitted by the teachers, and children presenting evidence of special defect are reported by them to the Department, or referred to the School Clinic for inspection. Reports on cases of suspected mental deficiency are submitted on Form 41.D. for the attention of the Medical Officer, and on all matters relating to the health and cleanliness of the children the assistance of the teachers can be relied upon.

XV. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The Attendance Officers work in close touch with the Medical Service. Consultations regarding individual children are frequent and all exclusions from school are reported daily by the department to the Attendance Officers, who in turn report to the Medical Officer all cases of sick children absent from school who are not receiving medical attention, and in suitable cases arrange for their attendance at the Minor Ailment Clinics.

XVI. CO-OPERATION OF VOLUNTARY BODIES.

Voluntary organisations which are engaged in work associated with the welfare of school children are The Guild of Social Service, The National Society for the Prevention of Cruelty to Children, The Poole Post-War Brotherhood, The Rotary Club, and the Round Table.

The Local Inspector of the N.S.P.C.C. is always willing to co-operate with the Department in dealing with cases of medical neglect, and carefully follows up all children reported to him, thereby rendering great assistance in dealing with difficult and careless parents.

The Children's Holiday Fund of the Poole Brotherhood arranges summer camps, and during 1931 sent for a week's holiday over 100 boys and girls. Clothing and footwear were supplied to any children who through lack of these would have been unable to take advantage of the holiday offered. These children were medically inspected by the School Medical Officer before proceeding to the holiday camps.

The Poole Round Table entertained 450 poor school children at a Christmas treat and distributed 100 pairs of footwear to deserving cases. A further 260 pairs of footwear were distributed through the services of the Poole Poor Children's Breakfast Fund.

The Poole Rotary Club has devised a scheme whereby in necessitous cases transport is available for children on admission to or discharge from Hospital.

XVII. BLIND, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III. gives particulars of all exceptional children of school age in the area. A Register is kept of all such children, and on a special defect card is recorded all information obtained regarding each case. New cases are ascertained by the Medical Officers in the course of their inspections, and by the School Nurses. The Attendance Officers and the teachers also notify to the Department any cases coming to their notice.

During the year the Education Committee, acting on representations made by the Medical Officer, formulated a scheme for the provision of a special day school for feeble-minded children, but this scheme has not received the approval of the Board of Education for the present, on the grounds of temporary national expediency.

Arrangements are being made for the provision of classes in Upper Parkstone and in Poole respectively for the special education of dull or backward children. To these classes retarded children from other schools will be transferred, and instructed by teachers more interested in the appropriate subjects.

Institutional arrangements for the deaf, dumb and blind are in force, and at present three children are at schools for the blind, and three are at schools for the deaf.

During the year 38 children were examined for mental abnormality. All these, excepting those so grossly defective as to be incapable of responding to such an examination, were tested by Burt's Revision of the Binet-Simon Tests for general intelligence and by performance tests.

Of these 38 children, 6 were notified to the Local Authority for Mental Deficiency, being either idiot or imbecile. Of the remaining 32, 14 were certified as being feeble-minded, and 18 were found to be dull or backward, or were borderline cases requiring further observation.

The necessity for the complete ascertainment of all mentally defective children in the area is clearly recognised, and efforts are being continued to discover and examine all such children, with a view to providing the education, training or care best suited to each individual case.

In view of the Wood Committee's Report, some indication from the Board of Education regarding its future policy concerning "educable mentally defective" children and the educationally retarded group would be welcomed, as opinion appears to be divided on the best means of dealing with this problem.

XVIII. NURSERY SCHOOLS.

There are no nursery schools, but at most of the infant schools there are what might be described as nursery classes, where children under five are taught and cared for. In the denser parts of the Borough it is found that the majority of the children are sent to school about the age of 3½ to 4 years, and although from the educational point of view the wisdom of this early start may be debated, there is no doubt that the earlier a child comes under the supervision of the School Medical Service, the greater is the opportunity for the correction of existing defects.

In the nursery classes, the work is essentially very elementary, and its value is more social than educational. Some schools have made provision for a period of rest for the youngest in the afternoon, and an extension of these arrangements to all nursery classes would be beneficial.

XIX. SECONDARY SCHOOLS.

The School Medical Service does not embrace the two Grammar Schools in the Borough, the routine medical inspection of the pupils at these schools being up to the present under the control of the County Council, which is the authority for Higher Education.

XX. CONTINUATION SCHOOLS.

There are no Continuation Schools in the Borough.

XXI. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

During the year, 166 children were examined under the Employment of Children Act, 1930, as amended by the Education Act, 1918, regarding their physical fitness for part-time employment. Of these, all were found physically fit, but in four instances the pr. posed hours of employment did not comply with the Byelaws. The majority of these children are engaged in newspaper delivery.

The Juvenile Employment Committee continues to do valuable co-ordinating work between school life and the labour market. The Committee's Report for the year ending 31st July, 1931, shows that during this period 444 Juveniles (194 boys and 250 girls) were placed in employment. 61 boys were employed as errand boys, 27 as pottery workers, and other posts filled were labourers, van-boys, brick and timber workers. 43 girls found work as resident and 94 as daily maids. Others were employed as laundry and pottery workers, and as shop apprentices. The number of elementary school leavers during this period was 453 (218 boys and 235 girls). This total is the lowest recorded for several years. "The usual practice of visiting the schools towards each leaving period is carried on, and proves to be a most satisfactory way of getting into personal touch with the children and head teachers." (vide Committee's Report).

XXII. DIPHTHERIA IMMUNISATION.

During the year the prevention of diphtheria by active immunisation has been carried on at the special clinic established by the Public Health Department and opened in October, 1929, when diphtheria was epidemic in the Borough. The number of children immunised in 1931 has fallen compared with last year, coincident with the sharp fall in the incidence of diphtheria, but the clinic has to some extent been kept busy re-testing children who were immunised last year, and the re-test results show a high degree of success in attaining immunity against this disease.

In the absence of epidemic diphtheria, with its malignant cases and consequent deaths, it is difficult to maintain public interest in prevention. The effect of fear on the community is striking, and a diphtheria death has been found invariably to increase the immunisation clinic attendances. Propaganda in the schools and municipal clinics is being continued, and efforts are being made to popularise immunisation in children under school age, as in this group diphtheria mortality is as a rule highest.

Up to the end of December, 1931, 1,363 persons were dealt with in the clinic. Of these, 511 were over 10 years, and were Schick tested, 420 being found to be positive and 91 negative reactors, giving a percentage of 82.2 susceptible in the over 10 group. Children under 10 were not Schick tested, except in a few special instances, as the percentage susceptible in this group is generally recognised to be sufficiently high to justify the omission of the test, and it is desirable in the younger children to reduce to a minimum the number of injections given.

1,272 persons were given prophylactic injections, of whom 420 were over 10 years, and 852 under 10. Of this total, only 33 received less than three injections. The immunising reagents employed were :—Toxoid Antitoxin (Horse), which was used in 1004 cases; Toxoid Antitoxin (Goat) in 234 cases and Alum Toxoid, which was used in 34 cases.

The T.A.M. (Horse) and the T.A.M. (Goat) were found to be practically equal in their immunising powers, as estimated by the results of the re-Schick tests, the percentages found immune after 3 injections being 91.4 and 92.9 respectively, but there was a slightly greater liability to local reaction with the T.A.M. (Goat) than with the T.A.M. (Horse). There were, however, remarkably few local reactions with either, and general reactions were negligible in number.

Alum Toxoid has not been used in sufficient numbers to justify definite conclusions, but it would appear that in Alum Toxoid a new type of immunising agent is available which is capable of producing the Schick negative state in positive reactors more rapidly than Toxoid-Antitoxin mixtures.

The 34 cases immunised with Alum Toxoid were all primary Schick positive. A weak mixture was at first employed, with results which were not superior to those of T.A.M. More recently a stronger mixture has been used which has not been productive of reactions, and promises a more rapid immunisation. Three doses given at two-weekly intervals to strongly Schick positive children (Schick positive + +) resulted in several cases in a Schick negative reaction within three weeks of the final injection.

The total number of Schick tests performed was 1,298. Of these 511 were primary Schick tests, and 787 post-immunisation tests. Of 208 children who were primary positive reactors and were given three immunising injections, 188 were found to be negative and 20 positive reactors on re-testing about six months later giving a percentage of 90.4 susceptibles rendered immune by three prophylactic injections. The 20 positive reactors were given a fourth injection, and on re-testing about three months later 17 were found to be Schick negative. The remaining 3 have not yet been re-tested.

Of 502 children under 10 years of age who were given 3 immunising injections, 430 proved negative on Schick testing about 6 months later, and 72 positive, the result in percentages being 85.6% negative and 14.4% positive. The 72 positive reactors were given a fourth immunising injection, and of these, on Schick testing about 3 months later, 60 were negative. The remaining 12 have not yet been retested.

It is worthy of note that in the under 10 years group, the percentage completely immunised by three injections (as shown by a negative Schick test) was lower by approximately 5% than in the over 10 years group. The probable explanation is that a larger proportion of the older children had acquired, by contact with mild sub-infective doses of infection, a certain amount of latent immunity which, though not enough to render them Schick negative, when stimulated by the prophylactic injections, resulted in the rapid production of sufficient free antitoxin in the blood to render a higher proportion Schick negative, whereas in the younger children the opportunities for the natural stimulation of immunity by contact with others have from the point of view of age not been so favourable. A child aged 14 will have had more opportunity during his school life of acquiring a certain amount of latent immunity than a child of 5 who has just started school and left the restricted environment of the home.

Diphtheria in Immunised Children.

Of the 1,239 children immunised with 3 doses of T.A.M. only five are known to have developed diphtheria subsequently, and in each case the infection was contracted before sufficient time had elapsed to allow of the development of complete immunity. As the Borough Isolation Hospital receives all cases of diphtheria, it is unlikely that any undiscovered cases occurred. Of these five, the first contracted the disease 21 days after the last injection of T.A.M., had a sharp attack in which the membrane separated slowly, but made an uneventful recovery. The second case developed a mild attack seven weeks after the final injection. The membrane was thin and cleared quickly, and convalescence was rapid. The third case developed a diphtheritic tonsillitis 3 months after immunisation. A tiny patch of membrane formed on one tonsil, and quickly disappeared after administration of Diphtheria Antitoxin-Serum. The fourth case developed a moderate attack of faucial diphtheria 14 days after the third injection of T.A.M., but responded readily to treatment, and the fifth case had a very mild faucial attack 6 weeks after immunisation.

None of these children had been found by post-immunisation Schick test to be immune, and no case of diphtheria has occurred, so far as is known, in a person who had been found to be Schick negative previously.

Leaflets explaining the advantages of immunisation are distributed at the School Minor Ailment and the Child Welfare Clinics ; and at the School Medical Inspections the subject is brought to the notice of the parents, as without their sympathetic co-operation successful immunisation of the child population cannot be accomplished. It is hoped that during a period of quiescence and freedom from epidemic infection, indifference on the part of parents will not lead to neglect of the opportunities offered them of having their children safeguarded from future diphtheria invasion, and that it will be remembered, especially in relation to diphtheria, that prevention is better than cure.

A reference to the cost of operation of the clinic will be found under Infectious Diseases in the Public Health Section of this Annual Report. The cost of each case dealt with by the Immunisation Clinic was approximately 2/6. As the cost of isolation and treatment of a case of diphtheria is about £16, it will be seen that, for this sum, about 128 children could be assured of protection against the risk of contracting the disease. This is obviously an economical preventive measure which should commend itself to every progressive public health authority, and to every member of their communities.

XXIII. MISCELLANEOUS.

Health Propaganda. Copies of the following are in possession of all Elementary School or Department Heads :—

Handbook : "Hygiene of the Mouth and Teeth," issued by the Dental Board of the United Kingdom.

Handbook : "Suggestions on Health Education," issued by the Board of Education.

Easily assimilated books of practical advice prepared by the Health and Cleanliness Council—"Keep Fit" for boys, and "Health and Beauty" for girls—are being distributed via the School Dental Clinics to the elder children.

The School population itself shared prominently in "Health Week," talks being given by the Medical Officer of Health to the Grammar School and to all the upper standards of the Elementary Schools on "Correct Posture." This willing co-operation of the School Staffs in the dissemination of Health information to the young has been for years a gratifying object lesson of which the Public Health Department would like to record its deep sense of appreciation.

The Elementary School children took part in a Prize Essay Competition. the subject being "How I Stand Erect."

The Scheme of Educational Propaganda developed by the Dental Board of the United Kingdom, by which demonstrations with a portable exhibit are carried out, was taken advantage of. By this means, eleven Schools or Departments were visited, the Lady Demonstrator thus being able to give a practical talk to about 1,250 of the elder boys and girls. The addresses and demonstrations were spread over a week, and were much appreciated by both staff and scholars, so much so that requests were made for a repetition, which has been arranged for in 1932.

Irregular Attendances. Under the School Attendance Bye-laws 49 appearances were made before the magistrates. Fines were inflicted in 24 cases. Some unsatisfactory cases are included more than once in these figures.

Emergency Dressing Outfit for Elementary Schools. The following instructions issued to Heads of Elementary Schools explain the operation of this outfit, which was introduced in 1926 :—

BOROUGH OF POOLE.

SCHOOL MEDICAL SERVICE.

EMERGENCY DRESSING OUTFIT.

1. This box when issued contains the following :—
    - 1 kidney basin
    - 1 pr. Forceps.
    - 1 pr. blunt-pointed Scissors.
    - 1 package safety pins.
    - 1 package 1½in. bandages.
    - 1 package 2½in. bandages.
    - 1 roll Boric Lint.
    - 1 bottle Tincture of Iodine.
    - 1 bottle Boric Acid crystals.
    - 1 Iodine Brush.
2. Applications for fresh supplies of expendable contents should be made to the SCHOOL MEDICAL OFFICER, PUBLIC HEALTH DEPARTMENT, MARKET STREET, by written requisition signed by the Head of School or Department.
3. School Staffs will please note that this outfit is not designed to be an alternative to Minor Ailment Clinic attendance and treatment, and is not to be used as such.

   It is provided solely to allow of IMMEDIATE FIRST ATTENTION ONLY being given where considered necessary, until such time as the condition can be seen by the family Medical Attendant or the School Medical Officer.

R. J. MAULE HORNE,
School Medical Officer.

Treatment Charges. The scheme of charges for Clinic treatment based on a scale of income and approved by the Board of Education is as follows :—

Conditions as to Free Treatment and Payments. Treatment at the Clinics is provided FREE for families where the weekly income from all sources is below the following figures :—

	No. of Children under 16 years.						
	1	2	3	4	5	6	7
Where both Parents or Guardians are alive	£1 10s.	£2	£2 10s.	£3	£3 10s.	£4	£4 10s.
Where one Parent or Guardian is alive	£1 5s.	£1 15s.	£2 5s.	£2 15s.	£3 5s.	£3 15s.	£4 5s.

For families where total weekly income is above these amounts, the following CHARGES per child are made, PAYABLE IN ADVANCE.

1. *Minor Ailments.* Free for first fortnight. Thereafter 1/- for three months' treatment.
2. *Provision of Spectacles.* Cost of spectacles.

3. *Dental Treatment.* Sixpence per attendance, or 1/- for two or more necessary attendances.

4. *Tonsils and Adenoid Treatment.* Tonsils alone, 5/-. Combined treatment, 7/6.

5. *X-Ray Treatment of Ringworm,* 5/-.

The amount received in reduction of the gross cost of the School Medical Service during the years 1929, 1930 and 1931 has been £37 1s. 0d., £27 15s. 0d., and £29 18s. 6d. respectively.

LIST OF TABLES.

1. Return of Medical Inspection.
2. A. Return of Defects found by Medical Inspection.
   B. Number of Individual Children found to require treatment.
3. Numerical Return of Exceptional Children.
4. Group 1. Minor Ailments.
   Group 2. Defective Vision and Squint.
   Group 3. Defects of Nose and Throat.
   Group 4. Dental Defects.
   Group 5. Uncleanliness and Verminous Conditions.
5. Statistics of School Attendance.

TABLE II.

A. Return of Defects found by Medical Inspection in the Year Ended 31st December, 1931.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment	Requiring to be kept under observation, but *not* requiring treatment.	Requiring treatment	Requiring to be kept under observation, but *not* requiring treatment.
	Malnutrition	7	—	—	—
	Uncleanliness : (*See* Table IV., Group V.) ...	—	—	—	—
SKIN	Ringworm :				
	Scalp	—	—	18	—
	Body	—	—	2	—
	Scabies	2	—	55	—
	Impetigo	13	—	61	—
	Other Diseases (Non-Tuberculous) ...	36	—	1152	—
EYE	Blepharitis	5	—	19	—
	Conjunctivitis	3	—	19	—
	Keratitis	—	—	1	—
	Corneal Opacities	1	—	2	—
	Defective Vision (excluding Squint)	166	—	92	—
	Squint	30	—	6	—
	Other Conditions	6	—	31	—
EAR	Defective Hearing	4	—	2	—
	Otitis Media	10	—	4	—
	Other Ear Diseases	3	—	68	—
NOSE AND THROAT	Enlarged Tonsils only	266	—	208	—
	Adenoids only	4	—	9	—
	Enlarged Tonsils and Adenoids ...	31	—	12	—
	Other Conditions	18	—	138	—
	Enlarged Cervical Glands (Non-Tuberculous) ...	150	79	11	—
	Defective Speech	7	—	3	—
	Teeth—Dental Diseases ... ... (*See* Table IV., Group IV.)	408	656	226	—
HEART AND CIRCULATION	Heart Disease :				
	Organic	4	—	—	—
	Functional	—	38	1	—
	Anaemia	12	—	—	—
LUNGS	Bronchitis	39	—	6	—
	Other Non-Tuberculous Diseases ...	19	—	2	—
TUBERCULOSIS	Pulmonary :				
	Definite	—	—	1	—
	Suspected	—	16	2	—
	Non-Pulmonary :				
	Glands	—	—	2	—
	Spine	—	—	2	—
	Hip	—	—	—	—
	Other Bones and Joints ...	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	2	—
NERVOUS SYSTEM	Epilepsy	3	—	—	—
	Chorea	—	—	3	—
	Other Conditions	8	—	—	—
DEFORMITIES	Rickets	3	4	—	—
	Spinal Curvature	1	—	1	—
	Other Forms	12	13	—	—
	Other Defects and Diseases	19	10	755	166

TABLE II.

B. Number of INDIVIDUAL CHILDREN Found at ROUTINE Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
CODE GROUPS :—			
Entrants	642	176	27.41
Intermediates	750	275	36.66
Leavers	495	147	29.69
Total (Code Groups)	1887	598	31.69
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

—	—	—	Boys.	Girls.	Total.
BLIND (including partially blind).	1 Suitable for training in a School for the totally blind	At Certified Schools for the Blind	—	3	3
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	2 Suitable for training in a School for the partially blind	At certified Schools for the Blind or Partially Blind ...	—	—	—
		At Public Elementary Schools	—	2	2
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
DEAF (including deaf and dumb and partially deaf).	1 Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the deaf	1	—	1
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	2 Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf or partially Deaf ...	1	1	2
		At Public Elementary Schools	1	1	2
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
MENTALLY DEFECTIVE.	Feebleminded	At Certified Schools for Mentally Defective Children ...	—	—	—
		At Public Elementary Schools	19	11	30
		At other Institutions	—	—	—
		At no School or Institution	4	2	6
	Notified to the Local Mental Deficiency Authority *during the year*	Feebleminded	—	—	—
		Imbeciles	1	3	4
		Idiots	2	—	2
EPILEPTICS.	Suffering from severe epilepsy	At Certified Schools for Epileptics	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	1	—	1
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
	Suffering from epilepsy which is not severe	At Public Elementary Schools	5	10	15
		At no School or Institution	—	—	—
PHYSICALLY DEFECTIVE.	Active pulmonary tuberculosis (including pleura and intra thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	1	2	3
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	3	2	5
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Tuberculosis of the peripheral glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	7	5	12
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	Abdominal tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	2	1	3
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	2	—	2
		At Public Elementary Schools	2	1	3
		At other Institutions	2	—	2
		At no School or Institution	2	—	2
	Tuberculosis of other organs (skin etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	Delicate Children, *i.e.* all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	98	72	170
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	4(3)	8(5)	12(8)
		At other Institutions	—	—	—
		At no School or Institution	2(2)	1(1)	3(3)
	Children with heart disease, *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	9	7	16
		At other Institutions	—	—	—
		At no School or Institution	1	3	4

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1931.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN :—			
Ringworm-Scalp	18	—	18
Ringworm-Body	2	—	2
Scabies	55	—	55
Impetigo	61	—	61
Other skin disease	137	—	137
MINOR EYE DEFECTS :— (External and other, but excluding cases falling in Group II.)	72	—	72
MINOR EAR DEFECTS :—	74	—	74
MISCELLANEOUS (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1770	—	1770
Total	2189	—	2189

GROUP II—DEFECTIVE VISION AND SQUINT (Excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise (4)	Total (5)
Errors of Refraction (including Squint)	224	—	—	224
Other Defect or Disease of the Eyes ... (excluding those recorded in Group I.).	10	—	—	10
Total	234	—	—	234

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme	143
(*b*) Otherwise	—

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme	120
(*b*) Otherwise	—

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated
Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total (3)	(4)	(5)
157	20	177	52	229

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups

5—524
6—605
7—663
8—729
9—749
10—817
11—737
12—487
13—398
14— 94

Total—5803

Specials.—	*Nil*
Grand Total	5803
(*b*) Found to require treatment	3841
(c) Actually treated	1839
(*d*) Re-treated during the year as the result of periodical examination	—

(2) Hours devoted to :—

Inspection – 129
Treatment – 358
Total—487

(3) Attendances made by children for treatment—1839

(4) Fillings :—

Permanent Teeth 408
Temporary Teeth 37
Total—445

(5) Extractions :—

Permanent Teeth 514
Temporary Teeth 2573
Total—3087

(6) Administrations of general anaesthetics for extractions 769
Chloroform Cases 3

(7) Other operations :—

Permanent Teeth —
Temporary Teeth —
Total ——

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses	30
(2) Total number of examinations of children in the Schools by School Nurses ...	47957
(3) Number of individual children found unclean	43
(4) Number of children cleansed under arrangements made by the Local Education Authority	—
(5) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	—
(*b*) Under School Attendance Byelaws	7

TABLE V.

Statistics of Attendance, etc.

School		Accommodation	Average Attendance.
COUNCIL SCHOOLS.			
Lagland Street	Infants' Department ...	249	192
Hamworthy	Mixed & Infant's ,, ...	401	382
Branksome Heath	Boys' ,, ...	230	237
,,	Girls' ,, ...	253	235
,,	Infants' ,, ...	190	289
Heatherlands	Boys' ,, ...	312	243
,,	Girls' ,,	300	273
,,	Infants' ,, ...	300	227
Oakdale	Mixed ,, ...	198	253
Courthill	Mixed ,, ...	400	353
,,	Infants' ,, ...	250	154
South Road	Boys' ,, ...	290	270
,,	Girls' ,, ...	290	260
Martin Road	Mixed & Infants' ,, ...	320	268
NON-PROVIDED SCHOOLS.			
St. Aldhelm's	Boys' ,, ...	232	215
,,	Girls' & Infants' ,, ...	419	317
Parkstone C. of E.	Mixed ,, ...	382	277
,,	Infants' ,, ...	140	113
Longfleet	Boys' ,, ...	240	242
,,	Girls' ,, ...	164	155
,,	Infants' ,, ...	164	152
Poole C. of E.	Boys' ,, ...	279	219
,,	Girls' ,, ...	243	188
,,	Infants' No. 1 ,, ...	120	115
,,	Infants' No. 2 ,, ...	198	100
St. Mary's R.C.	Mixed & Infants' ,, ...	103	104
Russell-Cotes Nautical School	Boys' ,, ...	70	75
Total ...	... ...	6737	5908